

# THE MEDICAL EXAMINER

AND

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### ORIGINAL COMMUNICATIONS.

*Case of diseased Vena Cava, terminating in death by rupture of the vein.* By EDWARD R. SQUIBB, M. D.

On the 30th of April, 1845, I was requested to see a mulatto man of middle stature, somewhat emaciated, aged 37 years, the history of whose illness, as elicited at the time, was briefly as follows :

About nine weeks previous, he had been seized with pain in the abdomen, extending from the lower end of the sternum to the iliac fossa, and chiefly confined to the right side. The patient was a shoemaker, and attributed the attack to sleeping in the cellar where he worked during the day, with his right side to the wall, the neighbouring cellar being at the time half filled with water. The pain was remittent, and increased in severity during several days, when a physician was called in. The nature of the treatment first instituted is not precisely known, though some circumstances render it probable that the affection was mistaken for peritonitis. The course adopted was continued for many weeks without marked improvement, and the case was then abandoned.

*April 30th.* The patient complained of much pain in the abdomen, remittent as before, being increased by taking food or drink, and also during the night. Pressure upon almost any part of the abdomen also caused increase of pain. Stomach irritable, often throwing off whatever was taken into it, giving the patient a sensation of obstruction to the passage of substances taken, as though the outlet of the stomach were tied. Bowels regular;

tongue moist, with a slight white fur; appetite bad; pulse 86, somewhat irregular and full, but not hard; skin dry, slightly warmer than natural but not subject to changes of temperature; functions of the liver and kidneys performed apparently as usual; pain sensibly varied by changes of weather. After much indecision and repeated examinations, the case was supposed to be one of rheumatic affection of the intestinal canal, similar to some which have been mentioned by M. Andral.

Twelve ounces of blood were taken by as many cups applied near the spine, and three grains of sulphate of quinia were given every two hours through the day, for four successive days, when the pain was much abated. On the four following days the quinia was given in the same doses, at intervals of four and six hours, in conjunction with a blue pill every morning and evening. The alterative, with an occasional aperient, was continued for many days longer, when the pain, although much abated, was not removed. At this period, a slight exposure, and a change of weather, caused a renewal of all the symptoms, to combat which the same method of treatment was again pursued, but without the same success. A reapplication of the cups did not materially relieve the pain as before, and the quinia produced its peculiar effects upon the senses without much change in the pain. Tincture of colchicum seed was resorted to with no better success, and the mercurial, pushed to the extent of slight ptyalism, was equally without effect. After the suspension of these means, the pain gradually abated as the weather became more favourable, and, when able, the patient was advised to try the effect of change of air and diet. Accordingly, after a treatment of more than two months duration, he left the city for a few months.

On the 3rd of December following, I was called upon to make a post mortem examination in the case, when I found that I had made quite as great a mistake in the diagnosis, as that with which I had mentally charged my predecessor. Sometime after the return of the patient to the city, (he having never recovered sufficiently to permit him to resume his work,) he was again seized with attacks of pain, and called to his aid Dr. J. L. Knight. To the kindness of this gentleman I am indebted for some of the farther particulars, and an opportunity to make a necroscopic examination. After treatment for a day or two, the pain again abated, and the patient felt able to sit up in bed. The exertion of raising up caused a feeling of great weakness and tendency to faint. He was immediately laid down, but expired in the course of a few hours.

Upon turning off the parietes of the abdomen 27 hours after death, the viscera were found imbedded in and quite hidden by

masses of coagulated blood, the viscera themselves appearing to be in quite a healthy condition. On seeking for the source of this great effusion of blood, a rupture of the ascending cava was discovered, just below the lower concave surface of the liver. The vein at this point, had been very much dilated, and its coats much diseased and thinned. A semi-organized mass or clot, which was contained in the dilatation, was connected by its surface to the softened coats of the expanded vessel, and the rupture had occurred at the junction of the edge of this mass with the side of the vessel, and not at the projecting point of the dilatation. The tumour was on the anterior portion of the circumference of the vessel, and was overlapped by the lower edge of the liver, and by a portion of the stomach, which latter circumstance may account for the sensation of obstruction so constantly complained of during life.

Although an examination of the heart was desirable, some circumstances prevented an opening of the thoracic cavity, and thus defeated this purpose.

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*On the use of the Chimaphila Umbellata in the Treatment of Fungus Articuli, or White Swelling.* By Y. C. BLAKEY, M. D., of Glasgow, Howard Co. Mo.

Under the name of white swelling, several diseases of the joints have been considered as one and the same, but which differ in many respects. Brodie's arrangement, which I consider as good or better than any other, is as follows: 1st. Inflammation of the synovial membrane; 2nd. Morbid change of structure in the synovial membrane; 3d. Ulceration of the cartilages of the joints; 4th. Scrofulous disease of the joints, having its origin in the cancellous structure of the bones. As I do not consider it necessary upon the present occasion to enter into any disquisition, relative to the above forms of this disease, as it respects either the opinions of Brodie or others, I shall merely give the outlines of my treatment of several cases, which entirely relieved the sufferers. The first case, which I shall present nearly verbatim from my own Case Book, is as follows:

*Feb. 5th, 1844.*—Wyatt, aged 17 years, the servant of Mrs. E. was brought to my house in a carriage. On enquiry I found he had been more or less affected about one of his knees for some time, and for several weeks before he was sent to my care, had been attended by a neighboring physician, without any change for the better, but gradually got worse. This boy was of a scrofulous family, as his mother was affected with it for years, and still has more or less swelling in the glands of the neck; and

his brother, (there were but two children,) died two years ago with every symptom of phthisis pulmonalis.

When I examined my patient, I found one of his knees three times its natural size, the skin of the leg of an unnatural ashy color, the boy being tolerably black for one of his race; considerable wasting of the limb, pulse 96, and some white fur upon his tongue. I looked upon the case as scrofulous white swelling, and concluded in my own mind there could be little done towards effecting a radical cure, as I had often treated and seen such cases treated, but had never known a cure to follow, but more or less lameness to inevitably succeed all our efforts, if we did not ultimately have to resort to the knife to rescue the sufferer from the grave.

*Feb. 6th.*—The boy disturbed my family last night with his incessant moans, from the excruciating pain he suffered all night. To-night I gave him an anodyne, and after duly weighing his case came to the conclusion to give a trial to the chimaphila umbellata, as the iodine, blisters, setons, &c. &c., had been used already in his case without benefit.

*Feb. 7th.*—I commenced giving my patient the infusion of pipsissewa, a pint to be drank each day. The formula for making it I took from Wood and Bache's Dispensatory, and twice a day, morning and night, I had a fresh poultice made of oat-meal and the infusion, and applied to the whole knee; diet light, and to keep the recumbent position. To-night I gave him another anodyne.

*Feb. 8th.*—Found no difference in the case, and continued up the above course each day until the 14th, when I did not give him his accustomed anodyne: notwithstanding, heard no complaint from its omission. He did not complain sufficiently after this to require any anodynes, but continued gradually to mend, his swelling about the knee to diminish, until the end of March he could walk without a crutch or support of any kind, and on the 15th April I discharged him cured. He remains up to the present time entirely well, and has as much strength in one knee as the other.

*July 10th.*—An old case I had formerly treated by the usual remedies, was brought to me to extract some pieces of bone which had exfoliated; this I accomplished, and commenced the same course with this patient, Mr. A. D., as the boy already described, when after the persevering use of the chimaphila for three or four months, the running from the different openings in the upper portion of the arm, as this patient's swelling was the head of the os humeri, closed, and he has not been annoyed by his disease up to the present time. I could present other cases, but as these are

sufficient to invite the attention of the profession to the use of this article in the treatment of this horrid disease, the "opprobrium" of our art, I shall leave it to the consideration of my professional brethren, with the hope that I have thrown in a "mite" that will be of benefit to suffering humanity.

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### BIBLIOGRAPHICAL NOTICES.

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*Terminologisches Wörterbuch der Medicinischen Wissenschaften.* Von Dr. FRIEDERICH JULIUS SIEBENHAAR, Königlichem Bezirksarzte und praktischem Arzte in Dresden, u. v. w. 8vo. s. 722. Dresden und Leipzig. 1842.

*Terminological Dictionary of the Medical Sciences.* By Dr. FREDERICK JULIUS SIEBENHAAR, &c. &c. 8vo. pp. 722. Dresden & Leipsic. 1842.

*A Pentaglot Dictionary of the Terms employed in Anatomy, Physiology, Pathology, Practical Medicine, Surgery, Obstetrics, Medical Jurisprudence, Materia Medica, Pharmacy, Medical Zoology, Botany and Chemistry.* In two Parts: Part 1. With the leading term in French, followed by the Synonymes in the Greek, Latin, German and English; explanations in English; and copious illustrations in the different languages. Part 2. A German-English-French Dictionary, comprehending the scientific German Terms of the preceding part. By SHIRLEY PALMER, M. D., of Tamworth and Birmingham. 8vo. pp. 656. London: 1845.

*A Universal and Critical Dictionary of the English Language; to which are added Walker's Key to the Pronunciation of Classical and Scriptural Proper Names, much enlarged and improved; and a Pronouncing Vocabulary of Modern Geographical Names.* By JOSEPH E. WORCESTER. Royal 8vo. pp. 956. Boston: 1846.

To the student of any science, nothing is more important than a dictionary of terms, provided the explanations be sufficiently

full to convey precise information. It may be, that he is merely desirous of learning the general acceptation of a word, which may be a source of difficulty to him, and under such circumstances a brief explanation may be sufficient; but it as often happens, perhaps, that he wishes to know, in epitome, the general and special relations which the term has to the science; and in such case a mere Glossary does not adequately supply his wants. But dictionaries are not alone necessary to the tyro. In the perpetual modifications and improvements, that are taking place in science, its language becomes enriched by new terms, or by modifications of the old, and hence a work which brings from time to time these terms up to the existing state of science becomes almost indispensable. In the last edition of his Medical Dictionary, Dr. Dunglison states, that he had added nearly two thousand five hundred subjects and terms not contained in the previous edition published a year or two before,—many of these having been introduced into medical terminology in consequence of the progress of the science, and others having escaped him on previous revisions; and Mr. Worcester affirms, that in his Dictionary of the English language now before us, to which he has added scientific terms, *twenty-seven thousand words* are to be found not contained in Todd's edition of Johnson's Dictionary.

The Dictionaries, whose titles are at the head of this article, are essentially Dictionaries of Terms, Glossaries or Vocabularies. The German Dictionary of Dr. Siebenhaar is much less full than that of Dr. Palmer. The plan pursued by Dr. S. is to give the quantity, so as to regulate the pronunciation and the etymology;—classing all terms together that are formed from the same radical word, as in the following example.

“ADEPS, īpis. gen. com. Fat, grease, same meaning as Sevum. Adj. ADIPATUS and ADIPŌSUS, containing fat; e. g. *Panniculus adiposus*, the fatty membrane—ADIPOCĒRA (from adeps and cera, wax.) Adipocire; Germ. Fettwachs—ADIPOCERŌMA (from adeps and κηρος, wax.) The formation of adipocire; of the same signification with cholestearinoma.” p. 10.

To the work are prefixed some interesting philological remarks on the proper rules for forming scientific terms; with the meaning of different prefixes and suffixes from the Greek, the lan-

guage which is alone used for the formation of such terms; or rather, which ought to be alone used, for we often meet with hybrid formations, partly Greek and partly Latin, which ought to be discarded, and against which the author very properly, raises his voice,—instancing especially *Abdominoscopia*, *Coxarthrocace*, *Duodenopyra*, *Ovariophthisis*, *Pelvimetria*, *Rectostenosis*, *Sacrocoxalgia*, &c., p. xvi. In the body of the work he properly objects to such terms as the following.

“DESCMETITIS, formed entirely against all philological usage, from Descemet, the name of a French ophthalmic surgeon; and the termination *itis*, which denotes inflammation. Inflammation of Descemet's membrane of the eye. (Properly inflammation of Descemet!)” p. 56.

Such hybrid and often unmeaning terms we are doomed to meet with occasionally, and at times from those who ought to know better. The author has heard *Dyspeptitis* used by an intelligent physician to signify dyspepsia connected with chronic inflammation of the lining membrane of the stomach;—the term really importing “inflammation of dyspepsia;” and *Rachialgitis* is constantly employed by some for spinal irritation;—a term, which—if it means any thing—signifies “inflammation of pain in the spine”!

The Dictionary of Dr. Siebenhaar is so distinguished for philological accuracy, that we are satisfied that the few errors in it, even of quantity—such as *Conñum* and *Perfōrans*—are entirely typographical. We have found it of essential service, inasmuch as it contains most of the modern technical terms connected with medicine that have originated in Germany. Prefixed is the following brief tabular chronological view of the History of Medicine, which is inserted by the author for the better “understanding of some of the proper names used in the Dictionary.” As we have often found the want of such a table of reference, we translate it, notwithstanding its imperfection, and its too German character.

1672	B. C.	First mention of physicians in Egypt.
1250	- -	Æsculapius, (1370 translated amongst the gods; 690 worshipped at Rome.)
584	- -	Nebrus and Chrysus, Asclepiades.
580	- -	The philosopher Pythagoras born.
460	- -	Hippocrates, (II.) son of Heraclides, born.
430	- -	Plague in Athens, and birth of Plato.
384	- -	Aristotle born, (philosopher and natural historian.)

- 377 B. C. Death of Hippocrates, (according to others, 370.)  
 371 - - Theophrastus born, (botanist.)  
 374 - - Thessalus, founder of the dogmatic school.  
 348 - - Death of Plato, (philosopher.)  
 340 - - Zeno of Kittium, born (philosopher.)  
 322 - - Aristotle born.  
 307 - - Herophilus of Chalcedon (Anatomy of the Human Body.)  
 304 - - Erasistratus, (anatomist.)  
 290 - - Death of Theophrastus; Philenus, founder of the empirical school.  
 279 - - Eudemus (celebrated anatomist); Serapion (empiric.)  
 276 - - Glaucias, the empiric; Ammonius, the lithotomist.  
 261 - - Death of Zeno.  
 219 - - Archagathus, the Greek physician, goes to Rome.  
 138 - - Nicandar teaches the agents against poisons.  
 100 - - Asclepiades goes to Rome.  
 63 - - Themison of Laodicea, (first methodist.)  
 21 - - Antonius Musa, first (?) "water doctor."  
 3—5 A. C. Cornelius Celsus, (celebrated Roman physician, and encyclopædist.)  
 23 - - Pliny, the naturalist, born.  
 54 - - Dioscorides of Anazarba, botanist.  
 54 - - Establishment of body and state physicians, (the first, Andromachus, inventor of the Theriac,) or archiatria: Caius and Euelpides, oculists.  
 68 - - Æthenæus of Attalia, founder of the pneumatic from the dogmatic school.  
 79 - - Pliny died.  
 81 - - Aretæus, uniter of the pneumatic and eclectic systems. Marinus, restorer of the anatomy of the human body.  
 97 - - Archigenes, founder of the eclectic school; Rufus of Ephesus; Cassius, the Iatrosophist; Soranus, teacher of the treatment of fractures; Heliodorus, the surgeon.  
 117 - - Moschion, teacher of obstetrics and the diseases of children.  
 131 - - Galen born at Pergamus.  
 138 - - Marcellus of Sidæ, observer of lycanthropia.  
 165 - - Galen goes to Rome.  
 203 - - Galen dies.  
 230 - - Cœlius Aurelianus, the methodist.  
 237 - - Serenus Sammonicus II. (I. 222) dietetist.  
 296 - - Diocletian's edict against alchemy.  
 357 - - Constantine's edict against magic (repeated 367.)  
 360 - - Oribasius, compiler of the earlier writers.  
 541 - - General plague.  
 543 - - Benedict of Nursia founds the cloister of Monte Cassino, where first in the middle ages practical and theoretical medicine was carried on; Aetius, of Amida, compiler and galenist; Alexander, of Tralles, self-thinker.  
 565 - - Small pox in France.  
 572 - - Do. in Arabia.  
 622 - - Aharun, priest of Alexandria, first Arabian writer in the department of medicine.  
 634 - - Paulus of Ægina, celebrated surgeon and obstetrician.  
 702 - - Geber, the Arabian, born.  
 772 - - George Bakhtischwah, of the Nestorian-Syrian family of physicians.

- 804 A. C. Jahia ebn Masawaih (Mesue I.) and Hhonain eb Jzdak, celebrated Arabian physicians.
- 826 - - Jahia ebn Serapion, the Syrian, compiler of the older Greek physicians.
- 880 - - Jacob Alkindi died.
- 923 - - Mohammed Arrasi (Rhazes) died.
- 936 - - Theophanes (Nonus) or Michael Psellus collects extracts from the older Greek physicians. The Hippatrika was collected and probably translated into Latin under the name of Vegetius, as *Mulo-Medicina*.
- 978 - - Ebn Sira (Avicenna) born, (died 1036.)
- 984 - - Commencement of travels to Salerno for medical treatment.
- 1017 - - Mesue, the younger, died.
- 1087 - - Constantin the African, (from Carthage,) translator of the Arabian physicians into Latin, died at Salerno.
- 1098 - - Hildegard, abbess of Bingen, authoress of a *Materia Medica*, born (died 1180;) Regimen Sanitatis Salernitanum.
- 1110 - - Nicolaus Præpositus, celebrated physician at Salerno.
- 1143 - - Roger's Medical Laws for Salerno.
- 1150 - - The patriarch Lucas, of Constantinople, forbids the ecclesiastics to practice medicine. Matthæus Platearius, of Salerno.
- 1162 - - The oldest English edict against stews.
- 1179 - - Ebn Zohar died.
- 1187 - - Gerard of Cremona died at Toledo; translator of the Arabian physicians.
- 1199 - - Hugo Physicus, teacher of medicine at Paris.
- 1206 - - Ebn Roschd died.
- 1209 - - The physical writings of Aristotle prohibited at Paris.
- 1214 - - Roger Bacon born (died 1295.)
- 1220 - - Medical Faculty of Montpellier.
- 1238 - - Frederick II. Medical Laws for Salerno and Naples.
- 1243 - - Medical school at Damascus.
- 1248 - - Ebn Berthar died.
- 1250 - - Scurvy in the army of Louis IX.
- 1271 - - College of Surgeons of Paris.
- 1282 - - Albert of Bollstädt (Albertus Magnus) died.
- 1285 - - Bernard Gordon, of Montpellier; Arnold, of Villanova, professor at Barcelona.
- 1287 - - Traces of Plica Polonica.
- 1295 - - Langfranchi of Milan, celebrated surgeon, goes to Paris.
- 1305 - - Bernard Gordon writes his Compendium of Medicine.
- 1315 - - Mondini's first public dissections (died 1327.)
- 1317 - - Matthæus Sylvaticus writes his Medical Pandects.
- 1348 - - Black death.
- 1349 - - Jacob de Dondi, Medical Manual.
- 1363 - - Guy de Chauliac writes his surgical manual.
- 1374 - - Epidemic St. Vitus's dance on the Rhine.
- 1376 - - Permission given at Montpellier to dissect.
- 1406 - - Privilege to the Bathers by the Emperor Wenceslaus.
- 1409 - - Establishment of the Löwenapotheke at Leipsic.
- 1485 - - English sweating sickness, (repeated 1506, 1517, 1520, 1528, 1551.)
- 1488 - - The first formulary (*Receptirkunst*) at Florence.
- 1491 - - First wood cuts of plants and anatomical objects.
- 1493 - - Appearance of the venereal disease in France, Italy and Germany. Since 1495, works thereon.

- 1519 A. C. First mention of guaiac wood.
- 1520 - - First appearance of gonorrhœa.
- 1535 - - Symphorian Champier died, (born 1472,) the first who compared the fundamental principles of Greek and Arabian medicine.
- 1541 - - Chr. Philippus Aureolus Theophrastus Paracelsus Bombastus von Hohenheim, (born 1493 at Einsiedlen,) died at Salzburg.
- 1545 - - Separation of the surgeons and bathers at Paris by William Vavasseur; botanic garden at Padua.
- 1552 - - Bartholomæus Eustachi's (died 1574) anatomical plates; anatomical theatre at Pisa; book on midwifery by Eucharius Rösslin.
- 1553 - - Michael Servetus (born 1507) teaches the lesser circulation of the blood through the lungs, and is burnt at Geneva; Hieronymus Fracastori, the elucidator of the doctrine of critical days, died, (born 1483.)
- 1562 - - Gabriel Fallopi (born 1523) died.
- 1564 - - Andreas Vesalius, (born 1515,) the critic of Galen, and the anatomist, died.
- 1565 - - Conrad Gesner, of Zürich, (born 1516,) the great natural historian, died.
- 1571 - - Cæsalpini, (died 1603,) the celebrated classifier of plants, teaches the circulation of the blood; colic of Poitou.
- 1582 - - The creeping sickness appears at Lüneburg.
- 1590 - - The celebrated surgeon Ambrose Paré died at Paris.
- 1617 - - The semeiologist and botanist, Prosper Alpini, died, (born 1553.)
- 1619 - - William Harvey, of Folkstone, in Kent, (died 1657,) teaches publicly the circulation of the blood.
- 1626 - - The true leprosy disappears in France.
- 1630 - - Caspar Hoffman, professor at Altorf, (died 1642,) opponent of Harvey.
- 1640 - - Cinchona carried to Europe.
- 1641 - - Marcellus Malpighi (died 1694) discloses his ideas on the structure of the lungs; Thomas Sydenham (died 1689) begins his observations on epidemics.
- 1644 - - Van Helmont (born 1577 at Brussels) died, after having set up his spiritual system.
- 1650 - - René des Cartes of Haye, in Touraine, died at Stockholm.
- 1656 - - Plague in Italy.
- 1658 - - Francis de la Boe Sylvius taught the chemical system at Amsterdam.
- 1665 - - Plague in London.
- 1672 - - Newton discovers the true nature of colours and the refraction of light.
- 1679 - - Plague in Germany.
- 1688 - - The work of Paul Zacchias (physician to the Pope, died 1659) on legal medicine, (Rome 1621,) is known in Germany.
- 1707 - - George Louis Le Clerc, Count Buffon, the teacher of a new theory of generation, born, (died 1788.)
- 1708 - - Albert von Haller, (died 1777,) a great anatomist and physiologist, born.
- 1712 - - Fred. Hoffmann, of Halle, (born 1660, died 1742,) teaches there his mechanico-dynamic system.

- 1716 A. C. George Ernest Stahl, (born in 1660 at Anspach,) goes as body physician to Berlin from Halle, where he had taught since 1694 his psychical system, (died 1734;) Raymond Vieussens (born 1641) died, after he had made known his observations on the structure of the heart.
- 1717 - - Lady Mary Somerset Montague suffers her son to be inoculated at Constantinople.
- 1727 - - J. A. Unzer, physician at Altona, the founder of the nerve theory, born.
- 1728 - - John Hunter, the celebrated English surgeon, born, (died 1793.)
- 1730 - - The yellow fever (*vomito prieto*) appears at Carthagen.
- 1734 - - Anthony Mesmer born at Vienna, (died 1815,) the improver of the magnetic method of cure.
- 1735 - - John Brown born, the propounder of the excitement theory, (died 1788;) Linnæus teaches the sexual system of plants.
- 1738 - - Hermann Boerhaave, the overthrower of the chemical school, died.
- 1743 - - Ant. Laur. Lavoisier (died 1794) born in Paris; the founder of the doctrine of antiphlogistic chemistry.
- 1745 - - Chr. Gottl. Kratzenstein writes his book on the application of electricity to medicine.
- 1751 - - Establishment of the Berlin school of midwifery.
- 1755 - - Samuel Christian Frederick Hahnemann, founder (1790) of the homœopathic method of cure, born at Meissen.
- 1757 - - Fr. Joseph Galt, the proposer of the craniological theory, born at Tiefenbronn, near Pforzheim, died in 1828 in Paris.
- 1758 - - Lawrence Heister, (born 1633,) the first German scientific surgeon, died.
- 1768 - - Edward Jenner, of Berkeley, in England, discovers vaccination.
- 1774 - - John Baptist Biot, the Parisian natural philosopher, born.
- 1790 - - The *mal di scherlievo* appears at Fiume, and the scarlet fever in Northern Germany.
- 1797 - - George Prochaska, professor of physiology at Vienna, proposes his galvanic theory of life.
- 1799 - - Aloysius Galvani, professor at Bologna, and inventor of the doctrine of electric elasticity, (*spannkraft*,) died, (born 1737.)
- 1800 - - Appearance of the influenza, or *grippe*, in Europe; of the petechial fever in Genoa, and of the yellow fever in Cadiz.
- 1802 - - Xavier Bichat, the celebrated Parisian anatomist, died, (born 1771.)
- 1803 - - Philip Pinel, of Paris, makes known his arrangement of diseases.
- 1807 - - Ludwig Oken, the natural philosopher, professor at Jena, (since 1833, at Zürich;) Sir Humphry Davy (born 1779, died 1836,) discovers, with the aid of the Voltaic pile, that alkalies and earths, previously regarded as simple bodies, are combinations of a metal with oxygen.
- 1811 - - Epidemic puerperal fever at Heidelberg; Er. v. Grossi teaches at Munich the different families of diseases, and gives them new names.
- 1817 - - The cholera orientalis appears in India.
- 1819 - - R. T. H. Laennec invents the stethoscope and auscultation.
- 1820 - - The chemical work of Jacob Berzelius, (born 1779, now professor at Upsala,) the discoverer of the dualistic or electrochemical system, is known in Germany.

- 1821 A. C. J. P. Frank, (born 1745 in Badeschen,) the classifier of diseases, died.
- 1830 - - Samuel Thomas Sömmering, the reformer of anatomical terminology, died.
- 1832 - - George Cuvier, (born 1769 at Mümpelgard,) the comparative anatomist, died.
- 1833 - - J. Fr. Meckel, anatomist of Halle; and Dupuytren, celebrated French surgeon, died.
- 1836 - - Chr. William Hufeland, (born 1762 at Langensalza,) the celebrated eclectic, died at Berlin.
- 1838 - - Fr. J. Broussais, (born 1772,) the propounder of the inflammation theory, died.
- 1837 - - Giovanni Rasori, the proposer of the doctrine of the contra-stimulus, died at Milan.
- 1840 - - John Lucas Schönlein, (born 1793 at Bamberg,) the founder of a natural historical pathology, goes as professor from Zürich to Berlin."—p. xxviii.

The Pentaglot Dictionary of Dr. Palmer has been long in progress. Many years ago, he was applied to "by an intelligent and enterprising publisher" of Birmingham to compile for the use of the medical student a Dictionary of French and German scientific terms. The proposition was favourably entertained, and in the summer of 1834 the first part was published; the second appeared in the spring of 1836; and the third and last part of his "protracted labours" was issued in 1845. The toil must, indeed, have been considerable; and we fear the reward not in proportion, for valuable as such a work must be to one who is able to peruse the authors of Continental Europe, these can form but a small proportion of the mass. The fact, too, of the French being taken as the leading language of the work, will be a prohibition to the mere English reader.

"The principle," says Dr. Palmer, "upon which I have been induced to select the French as the leading language of the work has frequently been questioned, and discussed by literary men. My reply is, that it was expressly intended to assist the uninitiated in acquiring a correct knowledge of French and German medical and scientific literature; and as the French is more extensively studied than the German, in this country, and is generally spoken, or read, in all the great medical schools and scientific Institutions of Europe, the expediency of rendering it a French Dictionary is at once obvious. Upon this ground, I am induced to hope that my work may acquire not only a British but an European circulation. The French possesses, moreover, the signal

advantage of furnishing a great number of modern scientific terms, which will be in vain sought for in the Latin, and in other European languages." p. vii.

A single extract will show the plan adopted by the author in the body of the work. We take the following at random.

"LYMPHATIQUE, adj.—lymphaticus, L.—lymphatic, containing or relating to *lymph*, LYMPHE, s. f.—lymphe, f. L.—die Lympe, G.—or the *vessels*, by which it is conveyed: an epithet employed in anatomy to designate, 1, those vessels—*les vaisseaux lymphatiques*, F.—*vasa lymphatica*, L.,—*die lymphatischen Gefäße*, G.; or 2, the glands,—*ganglions lymphatiques*, situated in their course; 3, the whole *system of organs*,—*Système ou appareil lymphatique*,—which contributes to the elaboration and transmission of the lymph: in Pathology, a *temperament*,—*T. lymphatique*, wherein the *lymphatic* system predominates. L. de Cotugno: the *fluid* which fills all the cavities of the internal ear." p. 360.

The last one hundred and twenty pages is a German-English-French-Dictionary of the scientific terms contained in the preceding part of the work—the German term coming first.

We can strongly recommend Dr. Palmer's work. We have run over many portions of it, and find it exceedingly accurate. To the reader of French and German works it will be an excellent accompaniment.

We notice the large "Universal and Critical Dictionary of the English language" of Mr. Worcester, because he has introduced into it the terms used in medicine, as well as in other departments of science. "The technical and scientific terms," he observes, "have generally been taken from scientific works, or from dictionaries of the various arts and sciences; as Brande's "Dictionary of Science, Literature and Art;" Ure's "Dictionary of Arts, Manufactures, and Mines;" Crabb's "Technological Dictionary;" Falconer's "Marine Dictionary;" Dunglison's "Medical Dictionary;" Bouvier's "Law Dictionary;" Loudon's "Encyclopædias;" the "Penny Encyclopædia," and many other dictionaries of the different arts and sciences, and various encyclopædias, the titles of which are to be found in the catalogue of works of this kind, in the Introduction of this volume." p. v.

We would merely remark of one of these authorities—Crabb—that he is most unaccountably inaccurate in many of the acceptations which he gives to terms even in common use. He is evidently, indeed, ignorant of their meaning; and hence must lead into error those who place reliance upon him. We have often had occasion to consult the work, and have become disgusted with its shallow and idle pretensions. He has evidently led Mr. Worcester into error, and in a department where the latter had another work, which he gives amongst his authorities, to consult: Thus—*Fluor albus* is defined by Mr. Worcester,—“a diseased state of the menses!” and the authority given for it is Crabb. A greater amount of ignorance could not be exhibited in so small a compass; yet it is but one specimen from a multitude with which the “Technological Dictionary” abounds.

Some idea of the labour bestowed by Mr. Worcester upon this Dictionary, may be formed from the fact already stated, that he has added *twenty-seven thousand* words that are not to be found in Todd’s edition of Johnson’s Dictionary. His “Comprehensive pronouncing and explanatory Dictionary of the English language” is doubtless known to most of our readers, and as highly valued as it is extensively known. It has been the comfort of the more advanced student as well as of the tyro; but the present extensive work is calculated for a wider sphere of usefulness, and should be in the library of every one who desires to have at hand a dictionary, that can give him information in regard to most of the words which he may meet with in his varied readings, and that can at the same time instruct him in regard to their proper orthoepy.

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*On Man’s power over himself to prevent or control Insanity.*

By the Rev. JOHN BARLOW, M. A., of Trinity College, Cambridge. 16mo. pp. 68. London, Wm. Pickering: 1843.

The volume whose title we have given above, as we are informed by its author, contains the substance of a communication made to the Members of the Royal Institution of Great Britain, and was published at the requisition of the President of that body. Though given to the public under such high sanction, it contains and is written with the object of enforcing views which

are somewhat at variance with those generally received by physicians who have given the most attention to the study of *Insanity*. Its recent publication in this country gives us the opportunity of offering a comment or two on some of its doctrines.

In order to support his theory of *Insanity*, our author assumes the existence of two forces which he says manifest themselves in the phenomena of man's nature. "The vital force, by virtue of which he is an animal; and the intellectual force, by virtue of which he is something more." It is the province of the intellectual force to regulate the operations of the mind, and the motions of the vital force, and insanity is the consequence of a defect in the exercise of this regulating power. "He who has given a proper direction to his intellectual force, and thus attained an early command over the bodily organ, by habituating it to processes of calm reasoning, remains sane amid all the vagaries of sense, while he who has been the slave, rather than the master of his animal nature, listens to its dictates without question even when distorted by disease—and is mad." p. 12.

The author considers mental disorders to be of two kinds: the first caused by morbid affections of the nervous system and brain, including delirium, delusions as to sight, sounds, &c., and loss of memory—the second arising from morbid affections of the intellectual force. Affections of the nervous system and brain never of themselves cause insanity, unless of the greatest severity. "Nothing but an extent of disease which destroys at once all possibility of reasoning, by annihilating or entirely changing the structure of the organ, can make a man necessarily mad. In all other cases, the being sane or otherwise, notwithstanding considerable disease of the brain, depends on the individual himself." p. 12.

Thus, it will be seen, a distinction is made between mental derangement, caused by actual disease of the nervous system, constituting the first, and insanity, strictly speaking, resulting from the want of a proper exercise of the intellectual force, composing the second class of mental diseases.

This fabric is so completely demolished by the experience of every one who has seen any thing of mental disorders, that it is not needful for us to say one word against it. Probably not one

case in every hundred of mental derangement would come within the bounds of either of the above classes.

An extract or two will show more fully the writer's views of the nature of what he calls insanity :

When once the intelligent will has lent its force to the blind impulses of the body, whether diseased or in health, it becomes only a question of time whether the individual is to be called insane, and placed under restraint or not. The man who recovers quickly from his madness is called a sane man, though during the preceding minutes or hours, he may have exhibited the flushed face, the rapid and violent gestures and language, and the unreasonable conclusions of a maniac ; but strange to say, if this be very frequent, he is excused and considered innocent of the crime he perpetrates, exactly because he has committed the greatest of all crimes, by delivering over his god-like intellect to be the sport of that brute nature which it ought to regulate." p. 39.

"Should my position, that the difference between sanity and insanity consists in the degree of self-control exercised, appear paradoxical to any one, let him note for a moment the thoughts that pass in his own mind and the feelings that agitate him, and he would find that were they all expressed or indulged, they would be as wild, and perhaps as frightful in their consequences, as those of any madman. But the man of strong mind represses them, and seeks fresh impressions from without if he finds that aid is needful ; the man of weak mind yields to them and then he is insane." p. 45.

"The result, then, of the whole inquiry appears to be, that man being a compound of two natures, mental derangement is of two kinds—in the one kind, structural disease deadens and distorts the perceptions, and if this extends itself to the organs of all the faculties, the intellectual force having no longer the means of external action, the individual remains to all appearance a helpless machine."

"But in the other case no structural disease exists in the first instance, and the inefficiency or misdirection of the intellectual force is the sole cause of derangement, sometimes as I have already noticed, continuing to the last without effecting the bodily organs." p. 489.

Setting aside the argument which may be derived from the hypothetical character of this intellectual course and its consequent doubtful ability to influence, in any manner, the mental operations, it will only be necessary, in order to show the fallacy of such a view of the nature of insanity, to adduce the convic-

tion of Esquirol and others, that the will itself is liable to the same perversions and disturbances as the other faculties, and to advert to the numerous instances that have been related by the French and German authors in illustration of a form of insanity, in which there is a blind desire, sometimes insurmountable, to commit murder—the will alone appearing to be affected, while the reasoning powers and moral feelings are in a sound state. In the case which has been so often quoted of the domestic in Baron Humboldt's family, and others of a similar kind, so far from the animal nature being at fault, and the "intellectual force" or "intelligent will" preserving the girl from the commission of a great crime, according to the theory of this work, we find a mental condition nearly the reverse; the will being strongly impelled to the act, while the natural feelings are engaged in an arduous conflict, and at last succeeding in preventing its accomplishment. Our author, however, causes this difficulty to vanish by the exercise of his ingenuity in excluding these cases from the title of insanity, and considering them only as mental derangement. The intellectual force kindly interferes and shows the sufferer the enormity of his desires, and preserves him sane amid all the vagaries of his senses. He is only mentally deranged as long as he resists impulses at which his nature revolts; he becomes insane when he delivers over his god-like intellect to be the sport of his natural propensities.

It is well known to all acquainted with the features of this disease, that many insane persons possess the power of controlling completely all evidence of their malady, sometimes for long periods, while at the same time they may be entertaining feelings inconsistent with a sound mind. According to the author's ideas these persons must in future only be considered suffering from an aberration of the "vital force," they are not insane because they are able to control themselves, while any man who gives way to a fit of sudden anger, and commits an action which the next moment he may repent, must for the time being be called insane.

The above are but a part of the inconsistencies and contradictions into which the doctrines of the work lead, when applied to the interpretation of facts of daily observation. We trust that

their being thus hastily pointed out, may be sufficient, in some measure, to guard against the inconsiderate adoption of views which are well set forth in the forcible manner in which a few facts are made to support them, and what is of serious consequence, views which are strongly opposed to an enlightened jurisprudence of insanity.

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*Experimental Researches on the Post-Mortem Contractility of the Muscles, with Observations on the Reflex-Theory.* By BENNET DOWLER, M. D. Pamphlet, pp. 39.

Our pages have in a former number contained some account of Dr. Dowler's experiments in reference to *post-mortem caloricity*; since then, the profession has been made acquainted through other publications with his observations on *post-mortem contractility*, which are little if at all less curious and suggestive than those on the former subject.

In the first of the pamphlets now before us, we have many experiments detailed, going to prove that muscular contraction will occur, responsive to the simplest mechanical stimulus, many hours after death, even although the part be entirely severed from all connection with the brain and spinal marrow. The phenomena observed during these experiments, in Dr. Dowler's opinion entirely upset the doctrine of reflex nervous action.

The author objects to the means employed by the advocates of the reflex-theory to establish their doctrine, on various grounds, as irrational and inappropriate.

In the first place, the phenomena on which they have relied to prove their theory have been exhibited only in cases of vivisection; which, beside the inhumanity of such proceedings, necessarily lead to confusion or erroneous conclusions in consequence of the unnatural condition of all the functions of the animal under the circumstances.

Secondly: he regards the conclusions drawn from what is observed in the experiments by vivisection of the lower order of animals, as inapplicable to the higher organization which exists in man. "It should never be forgotten," he observes, "that experiments on the inferior animals, as frogs and turtles, are inconclusive in establishing the complicated physiology of man. An

earth-worm may be cut into several pieces, each of which becomes a perfect animal. The more the *hydræ* are subdivided, the more is their number increased without loss of vitality. Could we deduce a vital or reflex theory from such experiments applicable to man? Were capital punishment changed from hanging to vivisection of the spinal marrow, this would but poorly illustrate the physiology of a healthy man, or the pathology of a sick one; yet one such experiment would be worth a thousand upon frogs."

Numerous experiments performed on the bodies of persons dead from a few minutes to several hours, mostly subjects of yellow fever, are detailed, in which the muscles of the extremities, when struck with a cane, billet of wood, the hand, or the side of a hatchet, contracted with sufficient force to move a weight of several pounds. Two or three of these experiments, selected at random, will serve to show the character of the evidence on which Dr. D. bases his conclusions.

"Case 1.—O. D., an Englishman, aged 26. From fifteen minutes to several hours after death, raised his forearm to the perpendicular as often as its flexors were struck; the motion was slow, the ratio of contraction and relaxation appeared uniform, occupying about half a minute."

"Case 2.—E. M., an Englishman, aged 37. At thirty minutes after death, afforded similar results. The experiments were often repeated, at prolonged periods; the contractions and relaxations were supposed to occupy about thirty seconds each. The flexion ceased at the perpendicular in every instance. When the experiments ceased, the muscular force continued at its maximum, having lost nothing."

"Case 20. *Remittent*.—Mr. S., aged 45. Dead two hours. Legs becoming rigid; struck the flexors of the arm with the inferior edge of my hand; the cadaver raised his arm with a regular, slow movement, placing his hand upon his breast: as soon as the muscles relaxed, he carried his arm back, extending the same. The experiment was repeated three or four times, when the arm fell back exhausted. The blows were now made with a piece of wood. The biceps gathered up into a lump, at the place where the blow was given, but failed to move the fore-arm."

*"If several blows on the same spot follow each other rapidly, there is but one contraction, but they exhaust the contractile function more than a single blow; if the force be greatly augmented, the contractility may be killed, almost immediately in the muscle struck, without impairing the action of any other part."*

Dr. Dowler regards these and other like experiments, which he has detailed, as conclusive proofs against the *reflex-theory*. "Why," he asks, "should a very simple matter be thus complicated by galvanic experiments, dissections, and reflex logic, seeing that a blow direct with the hand will produce results more definite, more like the acts of vitality and volition? If an arm, from six to fourteen hours after death, hours after dissection of the body, and after being severed from the trunk at the shoulder joint, contract with the utmost precision, how can gentlemen say 'that the anterior columns of the spinal cord possess an exclusive motor function'? Whatever agency these roots may have when galvanized, they are incomparably inferior to the motor power of the muscle when excited by the hand, the hatchet, or a cane."

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## THE MEDICAL EXAMINER.

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PHILADELPHIA, OCTOBER, 1846.

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### DR. FENNER'S LETTERS FROM THE NORTH.

Dr. Fenner, one of the editors of the "New Orleans Medical and Surgical Journal," has published in the last (September) number of that excellent periodical, a series of interesting letters on 'medical affairs' as they presented themselves to him in a recent tour to the Northern cities. These letters are exceedingly creditable to their author as a physician and a gentleman. The observations are generally judicious, and the facts rarely misunderstood; and withal there is a tone of liberal feeling pervading them which cannot be mistaken. On one point, however, Dr. Fenner has been misinformed,

or has misunderstood his informant. Speaking of the Medical Clubs that exist in Philadelphia he says—"These economical clubs have gradually supplanted the ancient Wistar parties, which I understand have been nearly abandoned on account of the extravagance they fell into."

At no one time have those Wistar parties been better maintained than at present. During the last winter, the number of members was twenty-six, which, as only one entertainment is given in the week, is sufficient for half the year. The Wistar party is not, however, composed wholly or chiefly of members of the medical profession. The two fundamental laws of its existence are—*first*, that no one is eligible to membership who is not a member of the American Philosophical Society; and *secondly*, that unanimity is necessary to a choice. During the winter of 1845-6, the proportion of physicians was as eleven to twenty-six.

So much good has resulted from this Association in cultivating the kindlier sympathies, and in affording opportunities for social intercourse to scientific and literary residents and strangers, that it is not likely to suffer decadency, and will probably be continued long after the present generation has passed away. The main regulations are—that the member at whose house the party is given, may invite citizens, but it is recommended, that the number shall not exceed forty:—that all the members may introduce strangers; and that "the entertainment shall consist only of a collation of a single course; and it is recommended that it be frugal." The "Wistar Association," essentially in its present form, commenced at the death of Dr. Wistar, who had been in the habit of holding weekly re-unions. It has, consequently, already existed without any interruption for thirty-six years.

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#### ANNUAL CIRCULARS OF MEDICAL COLLEGES.

In addition to those announced in our last number, we have received the following Annual Circulars, viz.:

*"Report of the Medical Department of the University of Pennsylvania, for the year 1846. To the Alumni of the School. By the Medical Faculty."*

The Faculty say, in this "Report," that "A comparison of the numbers who have attended the instructions, and received the honours of the Institution, during the last twelve months, with those of former

years, will afford to its friends a gratifying evidence that it has lost no ground in the public estimation." The number of "Matriculants" at the last Session was . . . . . 464  
Of Graduates . . . . . 171

The names of the gentlemen who were announced last year as Lecturers on Clinical Surgery and Clinical Medicine, as well as the name of the Demonstrator of Anatomy, are omitted in this publication. Whether any new arrangements have occasioned this change is not stated.

*"Annual Announcement of Jefferson Medical College of Philadelphia.  
Session of 1846-7."*

This "Announcement" contains a full account of the number of Students and Graduates of the last year; a sketch of the courses of instruction given by the different Professors; number of patients prescribed for and operated on during the past year in presence of the Class, and other matters of general interest. We derive from it the following facts, which cannot fail to gratify all who feel an interest in the growing prosperity of the Institution:—

"In the Session 1840—41 the number of Students was				163
"	1841—42	"	"	209
"	1842—43	"	"	229
"	1843—44	"	"	341
"	1844—45	"	"	409
"	1845—46	"	"	469
The number of Graduates in 1842—43 was				47
"	"	1843—44	"	117
"	"	1844—45	"	116
"	"	1845—46	"	170

Thus it appears that the number in attendance on the lectures at this Institution the last Session was the largest in the country.

The new College edifice, a neat representation of which is on the title page of the Announcement, is now completed.

*"Annual Circular of the Massachusetts Medical College, with a History of the Medical Department of Harvard University, a Catalogue of the Graduates, &c. Boston: 1846."*

The brief history contained in this neatly got up pamphlet of the Medical School of Boston and the Massachusetts General Hospital, is exceedingly interesting, and, in some measure, it may also be

regarded as a biographical sketch of the principal Boston Physicians and Surgeons. We have been very much struck with the information contained in a note in relation to the Hospital, from which it appears that the donations which the Institution has received, in sums of \$5,000 and over, amount to \$394,000! One bequest alone was of \$119,000, and another \$89,000! Can any other city in America boast of such munificence?

The increasing prosperity of the School has rendered it necessary for the Faculty to provide a new college building of ample dimensions. "The expense of this building has been provided for, partly by the sale of the old College and land, partly by a liberal donation of an ample lot for the reception of the new College by George Parkman, M. D., of Boston, and partly by voluntary contributions of other wealthy citizens of our metropolis, whose aid is rarely sought in vain for the promotion of necessary scientific or charitable objects." So says the circular. When will Philadelphia do as much for her Medical Colleges? Here, every dollar comes from the pockets of the professors.

The Class attending the last course of lectures in the Boston Medical College was composed of 159 students—a greater number than in any previous year.

*"Annual Announcement of the Medical Department of the St. Louis University. Session of 1846—7."*

The Class of the last Session numbered 52, which, it is stated, is an increase over the preceding year. Twelve gentlemen were graduated at the commencement in March.

Henry M. Bullitt, M. D., of Louisville, Kentucky, has been appointed to the Chair of Physiology and Pathology, vacated by the resignation of Professor Hall. Professor Bullitt is an able and accomplished physician, and will do honour to the station to which he has been elected.

*"Annual Circular of the Medical Department of Illinois College. Jacksonville, Ill., July 1st, 1846."*

The Faculty of this Institution consists of six Professors. The Lectures commence annually on the first Monday of November, and continue four calendar months. Graduates of Session 1845—6, fourteen. Number of the Class not stated.

*"Catalogue of the Philadelphia School of Anatomy, 1845—6, and Announcement for 1846—7. By James McClintock, M. D."*

Number of the Classes during the Season, 165.

This is one of the private schools for giving instruction in practical Anatomy that exist in Philadelphia, and of which there are several. The success which attends them, notwithstanding the extensive means of the same kind afforded by the Colleges, shows the great attention paid to this subject in Philadelphia, and that there is no great lack of *materiel*, which, from certain publications that annually appear, the public might suppose is only to be had in a single city in the Union!

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MEDICAL SCHOOL AT BUFFALO, N. Y.

From a notice in the last number of the Buffalo Medical Journal, we perceive that another Medical College has been organized, to be located in the thriving town of Buffalo, in the State of New York. The faculty is constituted as follows:—

Chemistry and Pharmacy, James Hadley, M. D.

Physiology and Medical Jurisprudence, Charles B. Coventry, M.D.

General and Special Anatomy, James Webster, M. D.

Pathology and Materia Medica, Charles A. Lee, M. D.

Principles and Practice of Surgery and Clinical Surgery, Frank H. Hamilton, M. D.

Obstetrics and Diseases of Women and Children, James P. White, M. D.

Principles and Practice of Medicine and Clinical Medicine, Austin Flint, M. D.

Of these seven Professors, the first five named are also professors in Geneva Medical College, and continue their connection with the latter Institution. For the convenience of the parties, the lectures are to be given at Geneva in the winter, and at Buffalo in the spring, the *first course*. Altogether, the scheme looks to us like a *transfer* of the Medical College of Geneva to Buffalo, the latter having the larger population and being in many respects the more eligible place, and we apprehend that to this complexion it will come at last.

STATISTICS OF MEDICAL COLLEGES.—Some time since, we published an incomplete list of the Students and Graduates at the different Medical Schools throughout the country, and invited its correction by other journalists who might be cognizant of the facts. We now copy from the Buffalo Medical Journal a list in which most of the deficiencies in our own are supplied. In our contemporary, however, we have discovered some material errors which we have corrected. Thus, the Class of Jefferson Medical College is set down in that Journal as 459 instead of 469; University of Pennsylvania 471, instead of 464; Missouri University, St. Louis, the graduates are stated to be 29, instead of 12; and the total number of graduates is greater than our computation. It is likely that the account is not yet quite correct, but it is as nearly so as we can make it with the data we possess.

	Class	1845-6.	Graduates.
University of Pennsylvania, - - -	-	464	171
Jefferson Medical College, Philadelphia, .	-	469	170
University of City of New York, - - -	-	425	131
College of Physicians and Surgeons, N. Y., -	-	200	38
Geneva Medical College, N. Y., - - -	-	178	39
Albany Medical College, N. Y., - - -	-	115	42
Harvard University, Boston, Mass., - - -	-	159	31
Berkshire Medical Institution, Mass., - -	-	142	35
Castleton Medical College, - - -	-	140	36
Yale Medical College, New Haven, Conn., -	-	53	19
Cleveland Medical College, Ohio, - - -	-	160	52
Willoughby Medical College, Ohio, - - -	-	164	40
Vermont Medical College, Woodstock, - -	-		24
Ohio Medical College, Cincinnati, - - -	-	195	46
Transylvania University, Lexington, Ky., -	-	171	64
Louisville Medical Institute, Ky., - - -	-	345	43
University of Maryland, Baltimore, - - -	-	147	40
Bowdoin Medical College, Brunswick, Me., -	-	73	19
Rush Medical College, Chicago, Ill., - - -	-	50	9
Indiana Medical College, La Porte, - - -	-	81	18
Medical College of Louisiana, New Orleans, -	-	103	20
Medical College of Georgia, Augusta, - - -	-	112	15
Missouri University, St. Louis, - - -	-	53	12
Kemper College, St. Louis, - - -	-		11
Total,		3,999	1,125

#### DEATH OF DOCTOR BOSTOCK.

From the London Lancet of the 22d of August, we learn that Dr. Bostock, author of "Elements of Physiology," and various treatises on Medical subjects, died recently of an attack of cholera, at the age

of seventy-three. Dr. B. was a native of Liverpool, but removed to London in 1817. He was the associate of Davy, Wollaston, Young, and other distinguished philosophers of his day, and himself occupied many situations allotted only to those of distinguished merit. "In private life, no man was more respected and beloved. He was equally ready to impart the overflowing of his sensitive and affectionate heart, and his varied stores of knowledge with which his intelligent mind abounded."

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## RECORD OF MEDICAL SCIENCE.

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*Retrospect of Materia Medica, and Therapeutics.* BY J. M. NELIGAN, M. D., M. R. I. A., Lecturer of Materia Medica in the Peter street School of Medicine; one of the Physicians to Jervis street Hospital.

*Alkalies as a Remedy in Cutaneous Diseases.*—M. Devergie has recently published some interesting observations on the alkaline treatment of skin diseases. He has employed alkalies in both papular and scaly affections; but with most success in the former, and particularly in the various forms of lichen. He employs three salts: the bicarbonate of soda, the carbonate of soda, and the carbonate of potash. The first of these he administers only internally, and usually prescribes it in solution, in some mild stimulant bitter infusion, or in carbonic acid water, the latter being an imitation of Vichy water. The dose at first is fifteen grains daily, in three or four glasses of the infusion, and this dose is augmented by eight grains every third day, until it arrives at one drachm, which dose is not exceeded. Externally the alkaline treatment is used in four different forms: in baths, in lotions, in powder, and in ointment. For the preparation of baths, either the carbonate of soda or carbonate of potash is employed—the quantity used for a single bath varying from eight to sixteen ounces, the strength being gradually increased. For scrofulous or debilitated individuals, he recommends the addition of one pound of common salt to each bath. The alkaline lotions are found of special benefit in skin diseases affecting parts covered with hair, as in the scalp, where they are usually so obstinate. For a lotion, from two to three drachms of carbonate of soda are dissolved in a pint of water. To the benefits derivable from the use of this alkaline wash in chronic eczema and impetigo of the scalp, we can bear testimony, from an extensive experience of its employment, both in hospital and in private practice. The alkalies are used in the form of powder, as a depilatory, in tinea and in sycosis mentis. M. Devergie, however,

employs the alkalies chiefly in the form of ointment, and sometimes combines a little quicklime, or a little sulphur, with them. He uses ointments of different strength, according to the nature of the disease. Thus, for lichen and its forms, the proportion is from eight to fifteen grains of carbonate of soda to the ounce of lard; for lepra, psoriasis, or ichthyosis, fifteen to thirty grains to the ounce of lard; and for porrigo favosa, thirty to sixty grains, with a grain or two of quicklime. It must be remembered, that the carbonate of potash is more caustic than the carbonate of soda. The following are some of the formulæ he employs:—*Alkaline Liniment*.—Carbonate of soda,  $\bar{z}$ i.; olive oil,  $\bar{z}$ iv.; the yolk of one egg; first moisten the carbonate of soda, and then incorporate it with the oil and yolk. *Alkaline Syrup*.—Bicarbonate of soda,  $\bar{z}$ ss.; simple syrup,  $\bar{z}$ viii.; dose, a teaspoonful, morning and evening, in a glass of water. *Alkaline Powder*.—Carbonate of soda, in an impalpable powder, one part; fine starch, ten parts. For external use only.

*Ammonia as a Vesicant*.—The strongest solution of ammonia has been much employed on the Continent, particularly in France, for some years back, as a speedy blistering agent, but has been very little used hitherto in this country. Various directions are given, as to the mode in which it ought to be employed, but Dr. Gondret's ointment is the preparation in most general use, and is the one most highly spoken of. As prepared according to the formula originally published by him, it has been found in many instances not to act satisfactorily. The inventor of it, in consequence, recently made public the following formula for its preparation:—Take of axunge,  $\bar{z}$ i.; oil of sweet almonds,  $\bar{z}$ ss.; melt together with a gentle heat; pour the mixture, while still liquid, into a wide-mouthed glass vessel; then add, solution of caustic ammonia,  $\bar{z}$ v., and mix with constant agitation till cold. Particular care must be taken that the axunge be merely melted; if it be too fluid, or too warm, some of the ammonia will be vaporized, and the resulting ointment too weak. The ammoniacal ointment, thus prepared, retains its properties for many months, if kept in stoppered glass bottles in a cool place. Gondret's blistering ointment produces vesication in about ten minutes; it is applied, by spreading it on the skin, and covering the part with a compress. The French use it most frequently for blistering the temples in diseases of the eyes. The rapidity and certainty of its action, however, renders this vesicant of great value in many diseases which need not be enumerated here.

*Ammonia as a Remedy in Asthma*.—M. Rayer has recently published his experience of the effect of strong water of ammonia applied to the velum palati for the cure of asthma. M. Monneret and others had previously employed this mode of treatment, but they applied the caustic to the back part of the pharynx, and in some instances death had nearly ensued from suffocation, owing to the action of the volatile alkali on the glottis. M. Rayer's method of employing this remedy is as follows: he dips a roll of lint, about the length of the middle finger, in a mixture of four parts of strong aqua ammoniæ and

one of water, pressing out the superfluous liquid, and immediately applies it for a few seconds to the velum palati, as if about to cauterize the part. The patient is immediately seized with a feeling of suffocation; a fit of coughing ensues, with much expectoration, and this is soon followed by a great feeling of comfort and facility of respiration. Should any return of the fit occur on the day following, the ammonia is again applied. The degree of tolerance of this remedy by patients varies very much; it is, therefore, always well to use it weak at first, which is easily done by moving the piece of lint, dipped in the solution, three or four times rapidly through the air, and then smelling it, when the strength is readily ascertained. In M. Rayer's experience, extending to over a hundred cases, a single application rarely failed to afford relief, and in many instances prevented a return of the attack for three or four months. This mode of treatment is alone applicable to simple or idiopathic asthma, that form which is so often dependent on emphysema, and is attended with catarrh; it has, nevertheless, afforded relief in some cases of symptomatic asthma.

*Arseniate of Quina.*—This salt, first prepared by M. Bourières, has latterly been much used in France in the treatment of obstinate intermittents, and, it is stated, with much success; the chief obstacle to its more general employment being, according to Dr. Boudin, its extreme bitterness. It is readily prepared as follows: Dissolve half an ounce of sulphate of quina in boiling water, and precipitate it with ammonia; wash and dry the precipitate, and dissolve it with the aid of heat in three ounces of distilled water, containing two scruples of arsenious acid in solution; as the solution cools, crystals of arseniate of quina are deposited, which are to be dissolved in distilled water and recrystallized. It is a light, white salt, crystallized in brilliant satinny needles. It is soluble in water, but more so in boiling than in cold water; it is also soluble in weak alcohol, but is insoluble in absolute alcohol or in ether. The dose of it is from one to two grains in divided doses in the course of twenty-four hours. It is usually given in solution in distilled water, to which a little simple syrup may be added.

*Belladonna.*—An ointment consisting of one part of the extract of belladonna to three of lard, has been used with much benefit by Dr. Phillippe, chief surgeon to the Military Hospital at Bordeaux, for the cure of inflammation of the testicle, whether arising from direct injury or as the result of urethritis. He employs it in every stage of the disease, but states that he finds it most useful when the acute inflammatory symptoms have been previously subdued by antiphlogistic treatment, or in cases where induration and thickening of the epididymis remain after other treatment. About half a drachm of the ointment, prepared as above described, is rubbed into the scrotum twice daily, the inunction being continued for five minutes each time. The mean period of cure was five days in thirty cases thus treated. Dr. Phillippe also employs this ointment with most beneficial results in the treatment of buboes.

In the incontinence of urine in children, Dr. Morand has administered extract of belladonna internally, with almost invariable success. He prescribes it in the form of pill, each pill containing a fifth of a grain of the extract. For children from four to six years old he orders one of these pills to be taken night and morning; if at the end of eight days no effect is produced, he directs a third to be taken in the middle of the day. If, after fifteen days, there is no improvement, a fourth pill is added at bed-time, but the poisonous effects of the drug must now be closely watched, as they are often suddenly developed. For children of the age of eight, twelve, or fifteen years, three pills daily are at first administered, and the quantity, at the end of eight days, gradually increased to six. Even this latter number is sometimes exceeded; eight, ten, twelve, or fifteen pills daily being often requisite to effect a cure in youths. In Dr. Morand's practice, from two to four months' use of this remedy are ordinarily sufficient to produce a radical cure of this intractable malady.

Schroeder has employed the vapour obtained by burning belladonna leaves to check hemoptysis. From a drachm to a drachm and a half of the dried and cut leaves is thrown on red hot coals, and the patient respires the fumes as they arise. This simple remedy has, in Dr. Schroeder's hands, seldom failed to check hemorrhage from the lungs.

**Benzoic Acid.**—A few years since Dr. Ure, of London, reasoning on Liebig's theory of the conversion of uric into hippuric acid by the action of benzoic acid when taken into the stomach, recommended the latter as a remedy for calculous diseases where uric acid predominates, and this proposal led to its adoption in practice to a certain extent. Soon after, however, Keller published, in Liebig's *Annals of Chemistry and Pharmacy*, the result of some experiments on himself, by which it was proved that the supposition of Dr. Ure was false, inasmuch as the urine of individuals who had taken benzoic acid, still contained the usual amount of uric acid after the separation of hippuric acid. More recently, Messrs. Booth and Boyé have investigated this subject anew in America, and the results of their experiments may be stated thus:—1st, The formation of uric acid in the healthy urine is not affected, either in regard to its quantity, or its external properties in general, by the introduction and transformation of benzoic acid into hippuric acid in the system. 2d, The time required for the benzoic acid to pass through the system, and reappear as hippuric acid in the urine, is from twenty to forty minutes after its introduction with food into the stomach; its occurrence continues for four or eight hours, but then ceases. 3d, The quantity of hippuric acid obtained from the urine is greater than that of the benzoic acid taken. In round numbers it may be stated to be one-third more. 4th, Urea is not in combination with hippuric acid in the urine. From these results it is evident that benzoic acid is not to be looked upon as a remedy for uric acid diseases.

**Bromine and its Preparations.**—The very high price which iodine has attained within the last twelve months, has rendered it very de-

sirable that a substitute should, if possible, be obtained for this medicine, which is at present so extensively employed. Bromine and its preparations have been shown by the experiments of Magendie, Barthez, Brame, and others, to possess therapeutical properties as nearly as possible identical with those of iodine and the iodides. The scarcity, however, of bromine, and consequently, its commercial value, has hitherto prevented its general employment as a remedial agent ; but the recent discovery of it in large quantities in America has recalled attention to this substance as a substitute for iodine. Mr. O'Reilly, of this city, while lately in the neighbourhood of New York, having had his attention called to the peculiar properties of the mother waters of many brine springs in the United States—the result of their evaporation for procuring common salt—found by experiment that they contained bromine in large quantities, nine drachms in every gallon. Having procured a large amount of bromine from this source, he has brought a hundred pounds weight of it home, and states that he can obtain an almost unlimited supply of it : the price at which it is now sold in Dublin is eighteen pence an ounce. These circumstances have induced us to include in our retrospect a short account of the doses and mode of administration of bromine, and its preparations.

The forms in which it has been used on the Continent are, in the simple state much diluted, and combined in the form of bromides with potassium, barium, calcium, iron, and mercury. These preparations are made by processes exactly similar to those used for procuring the corresponding combinations of iodine. As a substitute for the tincture of iodine, M. Pourche has employed the following solution : bromine, one part ; distilled water, forty parts ; dose, from five to six drops in some aqueous vehicle, three or four times daily. For external use he employs a solution four times as strong as this. The *bromide of potassium* is very soluble in water, sparingly soluble in alcohol ; the dose of it is from four to eight grains three times a day : to prepare an ointment from it, four parts are rubbed up with thirty-two parts of lard ; and if a stronger ointment, or one resembling the compound iodine ointment, be wished for, six drops of bromine are added to this. The *bromide of barium* is also soluble in water ; the dose of it is from one to five grains three times a day : the ointment is prepared by combining it in the proportion of one part to ten of lard. The *bromide of calcium* is prescribed in the form of pill made with the conserve of roses ; the dose of it is from three to ten grains. The *bromide of iron* is a brick-red deliquescent salt, very soluble in water ; it is not so easily decomposed as the iodide of iron, and is given usually in the form of pill made with conserve of roses and gum arabic ; the dose of it is from one to three grains : it has been employed externally also in the form of ointment, prepared with one part of the bromide to fifteen of lard. Two *bromides of mercury* have been used : the first, a sub-bromide, is a white insoluble powder ; the dose of it is one to two grains daily : the second, a

bromide, is fusible and volatile, and soluble both in water and alcohol; its dose is one-sixteenth of a grain, gradually increased to one-fourth of a grain, daily. All the preparations of bromine may be readily known from those of iodine by their not disengaging violet-coloured vapours when concentrated sulphuric acid is poured on them.

In France, bromide of potassium has been of late fraudulently sold for iodide of potassium, in consequence of the high price of the latter; a sophistication of but little importance, if, as we are inclined to believe, the medicinal action of both be identical.

*Camphor*.—An adulteration of this substance with muriate of ammonia has been lately detected in Brussels, and is said not to be uncommon in France; we are not aware that the fraud has been practised in British commerce as yet. It may be readily detected by the action of quick-lime, which would liberate the ammonia; or by treating a suspected specimen with water, which would dissolve out the muriate of ammonia.

At a late meeting of the *Société Medico-pratique* at Paris, many of the members cited facts tending to prove that camphor is a medicine the abuse of which is extremely dangerous. M. Homolle related a case of phthisis in which he prescribed more than twenty grains of camphor, in divided doses, in the twenty-four hours; the effect of which was, that the patient was attacked with frightful dyspnoea, continued nausea, and violent palpitation of the heart, all of which symptoms were with much difficulty subdued. Dr. Gaide mentioned the case of a man who was in the habit of taking camphor in very large doses, as a consequence of which he became affected with aggravated diphtheritis. M. Moreau stated, that he had seen a lady attacked with acute meningitis, which only yielded to the most active treatment, from having taken large doses of camphor to cure an obstinate neuralgic affection. Dr. Labarraque said, that a butcher, for whom he had prescribed six grains of camphor, was attacked with violent vomitings which nearly proved fatal.

*Castor Oil*.—The mildness and certainty of operation of this cathartic give it peculiar advantages in the treatment of many diseases; very often, however, its tendency to produce vomiting prevents it from being employed. To remedy this inconvenience, M. Parola proposes the substitution of an extract, an ethereal, and an alcoholic tincture of castor-oil seeds, for the oil itself. The result of his experiments on himself and on numerous sick and convalescent individuals is as follows:—1st. That the ethereal and alcoholic tinctures have a purgative action four times as strong as the oil obtained by expression, and that they are not so apt to produce vomiting, nor so irritant as the ordinary oil. 2d. That these new preparations remain unalterable for a long period without reference to climate or season. 3d. That the ethereo-alcoholic extract possesses a purgative action comparatively weaker than the marc or pulp from which it is extracted, proving that the seeds contain a principle which is insoluble in alcohol or ether. 4th. The advantage of the new preparations, so

far as relates to their not causing vomiting, is easily explained by the smallness of the dose in which they are administered.

M. Righini has directed much consideration to the devising of a formula for prescribing castor-oil, and the following form, in which the purgative properties are not in the least diminished, he states to be free from the usual inconveniences of a dose of this medicine :—Take of finely-powdered gum-arabic, ℥ii. ; pure water, ℥iii. ; make a mucilage with a small quantity of the water, and then add of castor-oil ℥i. ; mix carefully, and afterwards pour in, while agitating the mixture, the rest of the water ; finally add, with constant agitation, the filtered juice of one orange, and one ounce of simple syrup.

*Carragheen Moss.*—Dr. Frank, of Wolfenbuettel, employs a compound powder of Irish moss as an article of diet for phthisical patients, and for children affected with *tabes mesenterica*. It is prepared as follows, and has a most agreeable taste :—Take of Carragheen moss, cleaned, ℥ss. ; spring water, ℥xvi. ; boil down to one-half ; strain with expression ; and add to the strained liquor, white sugar, ℥iv. ; gum arabic, in powder, ℥i. ; and powdered orris-root, ℥ss. ; heat to dryness with a gentle temperature, stirring constantly, so as to obtain a pulverulent mass, to which three ounces of arrow-root are to be added with trituration. A jelly is prepared with this powder, by rubbing up a tea-spoonful of it with a little cold water, and then pouring a cupful of boiling water on it.

*Iron.*—The combinations of this metal with the vegetable acids have been much employed in medicine of late years, and many practitioners prefer them to the older preparations—the sulphate and muriate. Bouchardat has recently laid down the two following propositions with reference to the forms in which iron should be prescribed. 1st. That it should be either in the state of protoxide or in that of the pure metal, which is converted in the stomach into a salt of the protoxide ; and 2d, that the protoxide should be united to carbonic, or to some other organic acid which is capable of being assimilated. In compliance with these propositions, the best preparations of iron are, amongst the insoluble, iron reduced by hydrogen and the carbonate of the protoxide ; and amongst the soluble compounds, the lactate and citrate of the protoxide. The three latter are at present very generally prescribed in this country, and consequently ordinarily to be met with in apothecaries' shops ; but the use of the former is as yet confined to the Continent, where it is held in high esteem. The employment in medicine of iron reduced to the state of minute division, by means of hydrogen, is due to the observations of MM. Quevenne and Miquelard. To obtain it, a certain quantity of black oxide of iron (*Æthiops martis*) is introduced into a tube of porcelain, which is heated to redness ; and a current of hydrogen gas is then passed over it until it is reduced, which ordinarily occurs in from seven to eight hours. The chief circumstance to be attended to, during the operation, is the state of the temperature. If it be not sufficiently high, the reduction does not take place ; and if it be too high, the iron is reduced, but is agglutinated into ductile plates. For

preparing it on the large scale, a metal water-pipe is employed, and the oxide is placed on numerous small shelves made of sheet iron and supported on small iron bars. When properly prepared, *reduced iron* (*fer réduit*) is in the form of a fine light powder, of a bright greyish slate-colour, in very minute division, and free from any trace of sulphur. The advantages which iron in this state possesses as a therapeutic agent are, first, that it is readily acted on by the weak acids—the lactic and muriatic, which are ordinarily present in the gastric juice during digestion; and second, that it is free from the inky taste which the preparations of iron possess in a degree proportioned to their solubility. The dose of it is from one to ten grains; it may be given in the form of pill or of bolus. The French physicians usually prescribe it made into pastilles with chocolate.

*Iron Filings.*—It has been always found a matter of much difficulty to preserve iron filings without their becoming oxidated. M. Giovanni Righini has discovered that they may be preserved for an indefinite period, even in paper, by first triturating them with an equal quantity of very dry sugar.

*Iodide of Iron.*—M. Cop has proposed the following very simple process for preparing the iodide of iron. Bruise together in a large mortar four parts of iodine and two parts of water; then add quickly one part of iron filings. Sufficient heat is produced to drive off one part of the iodide in the state of vapour; the mixture becomes liquid; to remove the excess of iron it is to be dissolved in water and filtered. The filtered liquid is a solution of the iodide of iron, free from oxide or peroxide. This solution may, of course, be readily preserved by adding a sufficiency of pure sugar to it to convert it into a syrup.

*Mercury.*—From the result of numerous experiments, M. Bouchardat draws the following conclusions with reference to the activity of the salts of mercury. Of the soluble compounds, the most active is the red iodide, rendered soluble by means of iodide of potassium; next to it, corrosive sublimate; and then the cyanuret. The activity of the insoluble compounds is in the following order: the red iodide, precipitated calomel, the yellow iodide, sublimed calomel, and metallic mercury. Bouchardat's experiments have been principally made on fishes; but his results agree very closely with the opinions of most therapeutists, and particularly with those of M. Trousseau.

*Myrrh.*—No analysis of myrrh having been published since that of Braconnot, which, from the small quantity of resin indicated by him, was manifestly imperfect, Ruickoldt has reinvestigated the chemical history of this substance. The myrrh which he analysed consisted of irregular, knotty, roundish, tear shaped pieces, of the size of a hazel nut; its color was yellowish, with a reddish or even darker tinge. Its fresh fracture had a waxy lustre, in some places resinous, with white, opaque striæ, and amygdaloid indentations of the same colour. Its

specific gravity was 1.120 to 1.180. One hundred parts were composed of :

Volatile oil ( <i>myrrhol</i> )	-	-	-	-	-	2.183
Resin ( <i>myrrhin</i> )	-	-	-	-	-	44.760
Gum ( <i>arabin</i> )	-	-	-	-	-	40.818
Water	-	-	-	-	-	1.475
Impurities	-	-	-	-	-	3.862
Carbonates of lime and magnesia	-	-	-	-	-	3.650
Gypsum and oxide of iron	-	-	-	-	-	a trace.

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96.748

Myrrhol undergoes decomposition on exposure to the air merely : it is thick, of a wine-red colour, and of a penetrating odour ; is lighter than water, and is readily dissolved by ether and by alcohol. Its composition is  $C^{44}H^{33}O^4$  differing scarcely from colophony and from sylvic acid. The resin is completely soluble in ether, but imperfectly so in alcohol ; its solution has no action on turmeric paper ; when heated to  $336^{\circ}$  F. it furnishes a very acid transparent liquid which has been named by M. Ruickoldt *myrrhic acid*. The composition of *myrrhin*  $C^{48}H^{32}O^{10}$ .

*Nitrate of Silver in Hooping-Cough.*—The following mode of treating hooping-cough has been very successful in the hands of M. Berger. In the first stage he employs moderate antiphlogistic treatment, purgatives and repeated emetics, particularly ipecacuanha in combination with tartar emetic. In the convulsive stage, in which the indication is to combat nervous irritation, not being satisfied with the results that he obtained from the use of the remedies ordinarily employed, he was induced to administer nitrate of silver, the effects of which, he states, are singularly beneficial. He prescribes it in doses of from a sixteenth to a twelfth of a grain three times daily at first, and afterwards four times a day ; of course, it should not be given in cases where the state of the digestive organs contra-indicates its employment.

*Oils.*—M. Mahier has recently published some interesting observations on the action of bitter almonds, cherry-laurel leaves, peach blossoms, and their distilled waters, on the aromatic properties of essential oils. The observations first made on the action of the syrup of almonds in destroying the odour of musk, and since confirmed by M. Soubeiran, and, latterly, the effects of cherry-laurel water in similar circumstances, discovered by M. Fauré, of Bordeaux, induced M. Mahier to undertake the generalization of this reaction on essential oils, and on other strongly odorous substances. "Although," he says, "the result may not contribute much to scientific knowledge, they, nevertheless, possess some practical interest, if it be only in affording a quick and easy method of purifying bottles and other vessels from odours which it is found difficult to remove by other means. Having recently tried to remove, by means of vinegar and then of ashes, the smell from a marble mortar which had been used in the preparation of an enema of assafœtida, the result being imper-

fect and unsatisfactory, I tried the use of bitter almond paste, the residue of some that had been used for preparing the syrup. Having rubbed a little of this in the mortar without its having the effect of removing the odour, I added a little water, so as to develop the bitter-almond odour; I rubbed it again, and then washed out the mortar with a good deal of water, by which means the odour of the assafœtida was completely removed. This first trial induced me to apply this method to the cleansing of vials and bottles which had contained spirits of camphor, oil of spike, essences of cloves, mint, neroli, lavender, citron, and turpentine, oils of petroleum, copaiba, cod-liver, creasote, and different odorous balsams, and resinous tinctures. All the bottles were rendered completely clean, void of odour, and as good as new. It is necessary, in cases where the vessels previously contained fatty matters, to cleanse them with cinders or potash, and to rinse out with spirit those which had contained resinous or balsamic tinctures, before using the almond paste. A few cherry-laurel leaves, or peach-blossoms, beaten into a pulp, and introduced into the bottles, produce the same effect as the bitter almonds. The same de-odourising action, it is fair to suppose, is possessed by all leaves and flowers containing prussic acid, and probably also by other strong-smelling substances.

*Pomegranate-root Bark.*—This substance, highly praised in the East and on the Continent of Europe, as a vermifuge in cases of tape-worm, enjoys in this country but a limited reputation. That the cause of this bad repute of the remedy is altogether owing to the mode in which it is prescribed we have been long convinced; we therefore lay before our readers the recently published observations of Dr. Mérat, who has been in the habit of using the root-bark of the pomegranate in his practice for the last twenty-four years, in which time, he states, he has never found it fail in curing tape-worm. To ensure success, he affirms that attention to the following conditions is indispensable: first, that the medicine should not be administered except on the day, or the day after that in which joints of the worm have been passed; second, that the individual should take in three doses, with an interval of half an hour between each dose, a decoction of two ounces of the *fresh* root of the cultivated pomegranate in twenty-four ounces of water, boiled down to nineteen ounces.

*Savin.*—As an application to venereal vegetations, Vidal (de Cassis) recommends a combination of one part of powdered savin, and two parts of finely-powdered alum. It is sprinkled over the vegetations, and the prepuce then drawn forwards; but where this is not possible, simple dressing is applied. The application is renewed twice daily.

*Senna.*—An interesting account of the natural history of this valuable medical plant has been recently published by M. Landerer of Athens. It is chiefly indigenous in Ethiopia, Arabia Felix, Abyssinia, Nubia, and Sennaar. The Arab tribes who occupy themselves with this branch of commerce, do not pay the least attention to the cultivation or management of the plants. The senna plant attains the

height of eight or ten feet, and affords to the inhabitants of the Desert some protection from the heat of the sun. The senna harvest begins about the end of September. The Arabs cut nearly all the branches off the trees, and expose them to the sun until the leaves begin to fade, when they are placed on high ground, and on rocks, so as to be dried as quickly as possible. As soon as they are dry, the branches are laid in heaps and beaten with sticks to shake the leaves off. The leaves obtained by this process are not damaged, and consequently fetch the highest price, nearly double the sum given in the bazaars for the broken senna. As all the leaves are not separated by this means, the branches are, in some parts of Nubia, placed on a dry floor, and camels driven over them; the remainder of the leaves are thus obtained, but they are much broken, and small pieces of the stems are mixed with them. The senna collected in various parts of Africa is packed in linen sacks, and conveyed on camels in caravans to the shores of the Nile, where it is transferred to boats, and brought thus to Cairo and Alexandria. In both these capitals there are senna magazines, to which the bales are conveyed to be unpacked, and again carefully sorted. Within the last two years the senna trade was thrown open, but it has latterly again become a government monopoly. An intentional adulteration of senna with other leaves is, in their native country, out of the question, for the slightest adulteration is there punished as a capital crime. The fruit, which is rarely found mixed with the leaves, because it is carefully picked out, is in very general use in the countries where senna grows. Two varieties of senna are ordinarily met with in the bazaars of Constantinople and Smyrna; an Egyptian and a Tripolitan product.

*Turpentine.*—The following physiological effects of oil of turpentine have been noticed by M. Bouchardat while lately engaged in some experiments on this substance, during which he was exposed for five or six hours at a time to the inhalation of the atmosphere of the laboratory charged with its vapour. The effects were in no instance manifested until night, at the usual hour of repose. They consisted in sleeplessness, constant restlessness, heat of skin, the beats of the pulse increased from sixty-five to eighty-six in the minute; some difficulty in passing water, which possessed in a remarkable degree the characteristic turpentine odour, and on the following day very great lassitude, accompanied by pain and a feeling of weight in the region of the kidneys. The lassitude, debility, and inability to work, continued for two or three days afterwards. M. Bouchardat is of opinion that it is in consequence of habit removing their susceptibility, that painters, furniture-varnishers, and others exposed to the vapour of turpentine, do not suffer from these effects of its inhalation.

*Valerianic Acid and the Valerianates.*—Prince Louis Buonaparte was the first to call the attention of physicians to this acid and its preparations; but the process proposed by him for its preparation having been found expensive, and not applicable to the procuring of it on the large scale for use in medicine, a number of methods for preparing it have been published, both by Italian and French che-

mists. The Pharmaceutical Society of Paris recently requested a report on the different processes from MM. Cap, Louradour, and Blondeau, members of that body, and they have arrived at the conclusion, that the process of M. Brun Buisson is the best and most economical. It is as follows: take of the bruised root of valerian, two pounds; water, eight pounds; sulphuric acid, three ounces and one drachm; macerate for two days, and distil until the liquid no longer reddens litmus paper. The distilled fluid is then to be exposed to the air for a month, at the end of which time it is to be put into a matrass with half an ounce of recently precipitated, perfectly pure, hydrated oxide of zinc. This is allowed to digest for from eight to ten hours on a sand bath, heated to  $176^{\circ}$  Fahrenheit, and stirred occasionally. The warm liquid is filtered, and, after being evaporated to three-fourths of its volume, the residue is poured into porcelain capsules, and exposed to the heat of a stove. The product of this evaporation is half an ounce of valerianate of zinc in pearly crystals, in a state of perfect combination. The rationale of this process agrees with the opinion of M. Soubeiran, that the essential oil of valerian is converted into valerianic acid by oxidation, and that the acid has no previous existence in valerian root. The valerianate of quina may be prepared by a similar process, substituting pure quina for the hydrated oxide of zinc.

*The Valerianate of Zinc* appears to be a most valuable addition to the materia medica, combining the properties of an antispasmodic and a tonic, and, consequently, being peculiarly adapted for the treatment of neuralgic affections. Devay, who has employed it very extensively, states, that he has found it most useful in the treatment of facial neuralgia and of vertigo. After a fair trial of the remedy in many cases, we can confirm his observations, as also the fact noticed by him that this new chemical combination proves much more beneficial than the oil of valerian and oxide of zinc prescribed together. The high price of the salt unfortunately prevents clinical observations from being made in charitable institutions as to its effects. Valerianate of zinc is very readily decomposed, most acids setting free the valerianic acid, and combining with oxide of zinc. It also undergoes partial decomposition if exposed to the air, or even if kept in badly-stoppered bottles, when it emits a strong valerian odour—the perfect salt having but a very feeble odour, and being not completely soluble in water. The best characteristics of its purity are, its being in brilliant, pearly, tabular crystals of a snowy whiteness; its neutrality to litmus paper; its complete solubility in water, and its possessing but a very feeble odour of valerian. The dose of it is from three-fourths of a grain to one grain twice or three times a day; it may be prescribed in the form of pill made with a little mucilage, or conserve of red roses; or in solution in orange-flowers. The compounder must bear in mind that the crystals of valerianate of zinc do not dissolve readily in cold water, floating on the surface in consequence of their lightness; they should, therefore, be first incorporated with a few drops of water in a mortar.

*The Valerianate of Quina* may be prescribed in the same doses as the valerianate of zinc; it is more permanent in composition than that salt, and is equally soluble in water. It appears superior as an antiperiodic to disulphate of quina, in consequence of its neurosthenic properties; it is also given in much smaller doses, from six to ten grains being ordinarily sufficient to administer in the interval between the fits.—*Dublin Quarterly Journal*.

*On the surgical treatment of Croup.* By. M. GUERSANT, Jun.—I agree in the opinion of MM. Bretonneau, Trousseau, Guersant, Sen., Blache, &c. that to constitute croup, the presence of false membranes in the larynx is essential. The disease may commence at the tonsils, in the bronchi, or suddenly in the larynx itself. In the first case there is more or less redness of the pharynx with swelling of the tonsils, and, what is of vast importance to notice, these last are covered with little white patches, which sometimes extend as far as the velum or uvula.

The *medical* means for treating croup are very limited. *Depletion*, once so freely employed, under the idea that the disease was a simple inflammation, is very rarely of any utility in croup, and oftentimes injurious. *Emetics* have proved far more useful as adjuvants, by favouring the detachment and expulsion of the false membranes; but alone they are not to be relied upon. *Mercurials*, especially when used early, have often exerted excellent effects upon the disease; but for these to be of service the dyspnoea must not be very urgent, or the patient very enfeebled, and when used alone they have effected but few cures.

It is upon surgical treatment we must usually most rely, and by it we mean the *application of caustics to the pharynx*, as well as the operation of tracheotomy. Various fluid or solid substances of this nature have been employed, but we prefer the *nitrate of silver*. Weak solutions suffice at the earliest stage of the disease, when there is little else than the pseudo-membranous deposit upon the pharynx. There are indeed cases in which these are not seen at all, the false membranes being at once deposited in the larynx, but these are rare; and frequently the membranes are not detected in the pharynx, because the first period of the disease has already passed away. At an early period the symptoms are but little urgent, and the physician, little accustomed to treat children, often neglects to examine the throat. With M. G., whenever a child manifests any febrile re-action, *such examination is an invariable rule*, and in this way he has frequently been enabled to detect the approaching disease, which would not otherwise have been suspected. He instances a case in which M. Trousseau was induced fortunately to examine the throat by observing the surface of a blister to be covered with a slight fibrinous layer—such false membranes being liable to form on the surface of any wound in those who are the subjects of diphtheritis. At first, and while the tonsils are covered with this plastic exudation, the symptoms are not severe, so that attention is not directed to the throat. But this is a

precious moment for the surgeon: for he may now frequently arrest a disease, which if allowed to go on is usually beyond his art.

While employing the solid caustic, the child should be held by a strong assistant; for it is rare that the practitioner can effect this operation unaided. The tongue must be held down by a very *large spatula*, or by the handle of a *large spoon*. If a small instrument be used you cannot effect your object. We generally employ a large wooden tongue-depressor. The caustic should, for fear of accidents, only project very slightly from its case; and many practitioners, on this account prefer using solutions. We have already said that, at the earliest stage, the use of even a weak solution three times a day suffices. We should apply the caustic beyond the margin of the false membrane as well as to itself, as this will prevent its extension. In serious cases the solution must be very strong (1 part to 3 or 4 water,) but then need only be used once daily. It may be applied by means of sponge fixed at the end of a piece of whalebone by sealing-wax. The caustic frequently dissipates the false membranes upon the amygdalæ, and yet they extend to the epiglottis. Caustic is still our best means. A larger sponge is now required, which must be fixed upon a strong whalebone, bent at an obtuse angle. The surgeon places himself on one side, and introducing the sponge right to the base of the tongue, executes some semi-rotatory movements. Sometimes the epiglottis is raised, and the fragments of false membranes detached from its inferior surface, which may be known by the paroxysm of dyspnœa this gives rise to. The caustic requires to be repeated three or four times in the twenty-four hours.

When, in spite of the energetic use of these means, success does not follow, we must have recourse to *tracheotomy*. M. Guersant has, next to M. Trousseau, performed this operation more frequently than any one else, and speaks unhesitatingly of the propriety of undertaking it, and believes that numerous failures arise from its being too long deferred. When the child will certainly die asphyxiated without, why should we hesitate to open the trachea? for cases have occurred in which the patient has lived, although false membranes have penetrated *even into the larger bronchi*. The vital point which cannot bear the slightest presence of these is the *cordæ vocales*. Practitioners who are aware that a certain number of these cases have proved successful cannot doubt the propriety of operating. M. G. usually employs a straight bistoury, and has several small sponges mounted on whalebone and a curved ring-forceps at hand. If the morbid productions do not reach into the trachea we have only to maintain the aperture patent; while, when they extend lower down, their removal may be attempted by means of the bent forceps. Among the numerous modifications of canula employed to maintain the wound open, that of M. Trousseau is an excellent one. It consists of a *double canula*, so that, when obstruction occurs, the *inner one* may be changed without disturbing that which remains in the wound. This practitioner, as well as M. Bretonneau, prior to introducing the canula, passes small sponges, moistened with a solution of nitrate of silver, into the

trachea : but unless false membranes are obviously present, M. G. doubts the propriety of any such interference, and does not have recourse to it. The canula may usually be removed at the end of from eight to twelve days, but sometimes requires to be retained for 20 to 30.

The air of the chamber should not be kept too dry and hot. To render it sufficiently humid it is a good practice to evaporate some emollient decoctions in the room several times a day. It is a difficult thing to maintain an equable temperature about the child, but for a long period I have experienced the utility of wrapping around the neck, without tightening it, a light woollen comforter having its meshes widely knitted. By this contrivance, the air, before it reaches the trachea, becomes sufficiently warmed. When the canula becomes obstructed, the inner canula should be removed and cleansed, instead of thrusting sponges into it, which may only increase the obstruction. When it is deemed proper to cleanse out the trachea, only the most delicate whalebones must be employed. When indurated concretions form, both canulæ should be removed and the patient encouraged to expel them by coughing. I have never removed the canula before the tenth day, but M. Trousseau has done so on the third or fourth. He advises us not to remove it suddenly, but for one, and then for several, hours daily.

Finally, let us observe that croup is so grave and so constantly mortal a disease, that we should frequently have recourse to this operation before it reaches its last stage. "While tracheotomy was almost always a powerless weapon in my hands," says M. Trousseau, "I always recommended its performance as late as possible; but now I have met with numerous instances of success, I always say it should be performed as early as possible, as soon in fact as no other chance of success remains. Of 136 children operated upon, M. T. has saved the lives of 32; and, without being so fortunate as that practitioner, in 36 cases I have met with four successful ones—a success sufficiently great for us to lay it down as a law that we should interfere rather than allow the infant inevitably to die.—*Gazette des Hôpitaux*.

(The practice of promptly examining and cauterizing the pharynx may doubtless prevent the extension of the disease in some cases, and is not enough attended to in this country. So, also, an unreasonable prejudice against *tracheotomy* prevails among us. Death stares us in the face, and why not resort to means which has rescued many lives, albeit these may be few compared to the numbers operated upon—many of whom were *in extremis*. Dr. G. does not notice the external application of heat (to rubefaction) so useful at the outset of croup.)—*Med. Chir. Rev.*

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*Case of Superfætation.* By M. MOUNIER.—Catharine Fournier Lafond, aged 32 years, tall, thin, and well formed; the catamenia have always been irregular. In June, 1845, they ceased to appear, and certain disorders she experienced induced her to think herself pregnant. At the end of August, the menses reappeared on two occasions at an interval of fifteen days, but their continuance was short,

and quantity small. She vomited somewhat also at this time. The signs becoming more marked, and the catamenia having ceased permanently, she again returned to her former opinion. In fact, on the 28th of February, pains commenced, which continued all the following day and night. Towards morning, on the 2d of March, they appeared to diminish. The neck of the uterus was greatly dilated, the waters were slowly discharged, and the uterus became very sluggish in its activity. The child presented in a good position. Two grammes of ergot of rye were administered, under the influence of which the pains returned. A few contractions sufficed to produce the birth of a dead child, which was well formed, and had all the appearances of a fœtus at the full time. The placenta was not long in being expelled. About five o'clock in the evening, nine hours after the accouchement, without great pain, or any effort, she experienced the sensation of a body passing through the vagina. She thought that some organs of the abdomen were protruding, and was considerably frightened. The nurse (*sage-femme*) was recalled in haste. On raising the sheets, she found a second fœtus, having all the characters of one from four and a half to five months old, with a cord, a placenta still bloody, membranous envelopes, all perfectly intact and well preserved. Both were of the female sex.

Cases of superfœtation are so surprising that their existence has been denied by the greater number of authors. The supposition is only admissible, according to them, in individuals who have a double uterus. Foderè, however, has not adopted this opinion, and recently practitioners of good faith have cited authentic examples of it. Such are those which Dr. Levret of Lyons, communicated to the Academy in 1842, where fœtuses perfectly developed were expelled with two, three, and four months intervening between them. Such also are those recorded by Dr. Chervin, relative to negresses in Guadaloupe. One of these gave birth to a black and then a white infant, and another to a black and then a mulatto child, at an interval of some months from each other. The case reported by M. Mounier is singular, from the physiological condition observed in the woman. The menses appeared twice in August, giving rise in her mind to a supposition contrary to the truth. The second fecundation must have taken place in the month following this period, that is, during September. The menses then ceased permanently to appear. The two beings enjoying a life in common, grew and were developed separately, and in this manner arrived at the term of parturition for the first. This occurred at the period first calculated, that is, nine months after the first cessation of the catamenia. The term of the second would have also been nine months, had not the labor, and perhaps the effect caused by the administration of the ergot of rye, induced in it conditions which terminated fatally, and caused its expulsion.—*Monthly Jour. of Med. Science, from Gazette Medico-Chirurgicale.*

*A Case of Moral Insanity, caused by a depression of the Skull, cured by an operation.*—The following case, related by DR. ROBERTSON, in the *Northern Journal*, illustrates some interesting points in the physiology of the brain, as well as in the causes and treatment of insanity :

"Robert Driver, aged twenty-three, a sailor, was admitted into the Dunstan Lodge Asylum, in February, 1845.

"Ten years previously, he fell from the mast of a ship; the fall was followed by an attack of acute mania. On his return home he became more and more ungovernable in his temper, and violent in his conduct. He also suffered from frequent pains in the part of the cranium on which he fell, and which he imagined were caused by his mother beating him.

"After being some time in this asylum, this delusion gave way, and the intellectual powers of his mind remained sound; but his conduct continued ungovernable, and his language abusive, and kind words made no impression on his wayward temper. He still complained of pains in the injured part. On examining his head, a very distinct depression was discovered on the posterior superior margin of the right parietal bone, the situation to which he referred the pains.

"In consultation with Mr. Furness of Newcastle, consulting surgeon to this institution, it was decided that the depressed portion of skull be removed by the trephine.

"On the 3d of January, the operation was skilfully performed by Mr. Furness. The patient bore it well, and the wound healed without a bad symptom. The portion of the cranium removed was healthy in appearance on both of its surfaces. It adhered very firmly to the dura mater, requiring considerable force for its removal. It was altered considerably in form, appearing to have been indented, rather than fractured, which is not improbable, seeing the accident occurred to the patient when only thirteen years of age.

"His conduct is now, and has been since the operation, in every way improved. He has had no bursts of passion; answers civilly when spoken to, and is grateful for the relief afforded him. He looks forward with pleasure to his return home, which will take place as soon as the weather improves. He has for the last fortnight been working in the farm, and states, that since the operation he has been free from pain in the head, under which he formerly laboured."

— *Lancet*.

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*Prosecution and conviction of "an American Physician" for illegally practising as an Apothecary in England.*

Bristol Summer Assizes, 17th August, 1846. The Master Wardens and Society of Apothecaries of London v. Frank Bargeer Wall. Before Mr. Justice Earle and a Special Jury.

Mr. Barstow having opened the pleadings,

Mr. Cockburn said,—This is an action brought by the Society of Apothecaries, under the 55th of George III, chapter 194, which makes it penal to practise within this realm as an apothecary, without having

obtained a certificate of qualification from the Society of Apothecaries. This is a matter of very considerable importance to the life and health of the subjects of this country. You can understand, that if an unlimited license were allowed to all persons, whether qualified or not, to practice as medical men, the consequences might be most fatal. And in this, as, indeed, in every other civilized country, a system, under some shape or modification, of medical police and regulation has been thought necessary for the protection of the public. Accordingly, this Act was passed, new modelling and giving new powers to the Society of Apothecaries, and intrusting them with the performance of the important duties which attach to them under its provisions. (The learned council here read the sections of the Act which appoint a Court of Examiners, and render it penal for any person to practise as an apothecary who has not undergone an examination and obtained a certificate of qualification.) If, therefore, any person shall practise as an apothecary, except he has received such certificate, he shall forfeit 20*l.*, to be recovered by action at the suit of the Society, whose bounden duty it is, if they discover any person so practising,—whose sacred duty it is, because the safety of the public is involved in its discharge,—to enforce the provisions of the Act against persons who choose to infringe upon its provisions. This is not, therefore, a common suit at the instance of an informer. The Society have no private interests to serve, no private motives to gratify, but simply a public duty to discharge in instituting the present proceedings. The defendant in this case has, as I can show you in various instances, infringed the provision of the Act in this town. He practised as an apothecary in the cases which my learned friend brought under your notice in opening to you this case. To all intents and purposes he is carrying on business as if he had been examined by, and received a certificate from, the Apothecaries' Society, although he never submitted himself to the examination, and is in possession of no certificate which justifies him in so practising. These circumstances having been brought under the notice of the Society, they felt that they had but the one straight-forward duty to fulfil, of instituting these proceedings. I am not instructed to say a word against the gentleman's competency; he may be qualified, or he may not. I know nothing on the subject. If he be qualified, he has nothing to do but to submit himself to the examination, which, if he has the necessary qualification from education, he may readily undergo; and if he has not that qualification, he certainly ought to be prohibited from practising. Therefore he cannot in any way complain of these proceedings. I believe I shall have no difficulty whatever in substantiating the facts against the defendant. I do not know whether any difficulty will be attempted to be raised as to what constitutes the practice of an apothecary. For myself, I am provided with numerous authorities to show that the class of cases which he has affected to treat, (not being surgical, but medical cases—diseases of the brain, the lungs, the heart, the stomach, and so on) fall within the province of the apothecary. There is not the slightest doubt, from the deci-

sion of the Judges, and the authority of the courts, that all these classes of cases come within the proper definition of practising as an apothecary.

Mr. Stone, (for the defendant) here interposed, and said, I take it for granted that you do not seek to recover more than one penalty in this case?

Mr. Cockburn.--I do not know. What is it that you propose to say?

Mr. Stone.--That we cannot resist this action, and that the Apothecaries' Society have done nothing more than their duty in instituting these proceedings. Unfortunately, this gentleman was not aware of the law which rendered it necessary for him to take out his certificate. He is a gentleman highly competent to practise; he has been practising as a physician in America; he served a regular apprenticeship in this city; he came back in November, 1844, and he certainly has been practising as an apothecary, since that, at the times you have stated. I take it for granted, that the only object the Apothecaries' Society can have is to compel him to submit himself to the ordinary examination, and to take out his certificate.

Mr. Cockburn.--Certainly.

Mr. Stone.--All I can say is, that he is a gentleman of high medical and surgical attainments. He has erred in mistake as to the law.

Mr. Cockburn.--Let the gentleman be all that my friend describes, that is the more abundant reason why he should conform to the law. If my friend says that he does not wish to resist this action, I am satisfied to take one penalty, with this condition, that as there are costs on the other issues, the arrangement should be made upon payment of the general costs of the action.

Mr. Stone.--Of course.

The jury, under the direction of the Judge, then returned a verdict for all the penalties in the declaration, amounting to £160, on the understanding that execution should issue only for one penalty and the general costs of the action.—*Lancet*.

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*On the fallacies connected with the Iodic Acid Test.*—Mr. ALFRED S. TAYLOR, in a late number of the *Medical Gazette*, has made some experiments, and arrived at certain results, which, indicating a source of error in standard works on jurisprudence, require to be known. He states, that MM. Devergie and Taufflieb, in testing the stomach of an individual poisoned by sulphuric acid, arrived at a series of conclusions, one of which was to the effect, that on resorting to distillation of the stomach and its contents, certain inconveniences would be avoided by collecting the liberated sulphuric acid, and passing it through iodic acid, which, being decomposed, become a new test for sulphuric acid. M. Taylor proceeds to say:—

“M. Devergie refers to these experiments, and expressly states that the iodic acid, while it is a very delicate test, furnishes a certain proof that sulphuric acid must have existed in the matters submitted

to analysis, either in a free state, or in combination with a metallic oxide.

"A case has recently occurred to me, in which the inapplicability of the iodic acid test, under the circumstances in which its use is advised by M. Devergie, will be apparent. Mr. Eastes, surgeon, of Folkstone, lately brought to me for examination the stomach of a man who, it was suspected, had been poisoned by some companions with whom he had been drinking. The contents of the organ were of a dark colour, but the surface of the mucous membrane itself was not carbonized. No trace of sulphuric acid could be detected in the stomach or its contents, by the ordinary process of digestion in water and boiling. The dark grumous matter was found to be nothing more than altered blood, the man having suffered from an attack of hæmatemesis. An opinion was therefore given that the deceased had not died from the effects of sulphuric acid; and this was corroborated by other circumstances which transpired. Had the process advised by MM. Taufflieb and Devergie been employed, there is not the least doubt, from the facts about to be related, that sulphuretted hydrogen would have been obtained, and this, from its action on iodic acid, would have been considered to furnish evidence of the presence of sulphuric acid in the stomach.

"The string with which the stomach was tied appeared somewhat blackened, although quite firm, and free from any signs of corrosion. A portion was dried and heated in a tube to redness; the products of the distillation were received on paper, saturated with starch, and moistened with iodic acid; blue iodide of farina was immediately produced. A portion of clean string, similarly treated, had no effect on the iodic acid. The cause of the difference was undoubtedly owing to the blackened string being saturated with mucus and blood.

"A portion of pure gluten, which contains sulphur, was now employed, and blue iodide of farina was immediately formed. The same result was obtained by heating macaroni, a piece of flannel, dried albumen, dried blood, caoutchouc, and lastly, a portion of the dried human stomach itself, in a case in which it was certain that no sulphuric acid could have been taken, and the organ had been well washed. The fact is, all substances containing sulphur will yield products at a red heat, which easily deoxidize iodic acid; and I would suggest this as a good supplementary test for sulphur in organic matter where the compound of oxide of lead in potash cannot be easily employed.

"It appears from the results of the foregoing experiments that when sulphuric acid cannot be detected in the contents of the stomach in a free state, the chemical investigation must be considered at an end. The medical witness who depends on the results of the dry distillation of the stomach or its contents, may be induced to give a most incorrect opinion.

"I had recommended the employment of the iodic acid test, according to the method above described, for the purpose of detecting sulphuric acid in stains on clothing, accompanying the recommendation

with the precaution, that an opinion of the presence of the acid could only be expressed when unstained portions of the cloth similarly treated gave negative results. In a recent examination of some stains on black cloth, I found that the iodic acid was easily decomposed, both by a stained and unstained portion of cloth. The result in the latter case most probably depended on the presence of sulphur in the woollen fabric. It has been already stated, that clean flannel, by dry distillation, easily decomposes iodic acid; but I found that neither linen nor cotton had any action on iodic acid, except when stained with sulphuric acid. Neither of these fabrics contain sulphur; hence, before employing the iodic acid test in these investigations, it would be proper to inquire whether the organic substance be one of those which are known to contain sulphur; if not, the test may be employed, otherwise it should be discarded. No risk can ever be incurred if the analyst only adopts the simple plan of experimenting on a portion of the unstained material in the first instance."—*Ib.*

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*Instance of Perforation of the Duodenum occasioning death after twenty hours illness.* By GEORGE STILLWELL, Esq., Surgeon, Epsom.—A gentleman who had previously enjoyed excellent and uninterrupted health, had, for three days, slight uneasiness in the stomach and bowels, which induced him to take a dose of castor-oil, but did not prevent his entering fully into his occupations and amusements. On his return from the Downs, where he had passed several hours on horseback, on Friday, the 29th of May; he was seized, at a short distance from Epsom, at 6 o'clock, P. M. with violent pains in the stomach and bowels, which obliged him to alight, and seek a place to lie down. He entered a farm-house, and threw himself on his abdomen, apparently in great agony, and seeking relief from pressure. A considerable quantity of brandy and hot water was administered, which appeared to afford some slight abatement of pain. When I first visited the patient, about half an hour after his entering the farm-house, he was lying on his back on a sofa, in a state of collapse, complaining of severe pain in the region of the stomach; his countenance livid; extremities cold, and pulse not more than thirty beats per minute. Having had him removed, and placed in bed, warmth was applied in various modes externally, and warm diluents were plentifully administered; the natural heat was by these means restored, and the pulse rose to sixty. Medicines were now given to procure evacuation from the bowels, and were continued with injections, both simple and medicated, but very slight fæcal discharge was produced by the use of these remedies, and no real relief afforded. During the night, and up to ten o'clock on Saturday morning, although the symptoms were extremely urgent, and the paroxysms of pain of frequent recurrence, still they were not such as to preclude all hope of permanent relief. The pulse had continued at 60; the countenance and general bearing of the patient evinced strength and fortitude, and his conversation was not exclusively devoted to his illness. At 12 o'clock, an interval of two hours having elapsed since my last atten-

dance, I found my patient again in a state of collapse, in which he quickly sank, remaining perfectly collected until within a few minutes of breathing his last. There was only one attempt at vomiting during the progress of the disease.

The rapidly fatal course of the disease suggested its nature, and the cause of death; which was confirmed by the post mortem examination of the body twenty hours afterwards, conducted with the assistance of another medical gentleman, who had concurred in the treatment of the case.

The external appearances were discoloration and tumefaction. An unusual quantity of offensive gas escaped on opening the cavity of the abdomen, which contained a large quantity of fluid mixed with the various liquids, &c. which had been taken into the stomach. These had passed through an ulcer larger than a fourpenny piece, which had perforated the duodenum on its anterior surface, near its junction to the pylorus. The peritoneal surfaces evinced marks of inflammatory action, with some effusion of coagulable lymph; the stomach was in a healthy state, with the exception of slight emphysema of the internal coat, the result of incipient putrefaction. From the thickening of the edges of the ulcer, and the want of morbid vascularity, the disease most probably had been gradual in its progress, and of lengthened duration.--*Ib.*

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*Society of Surgery—Meeting of August 5, 1846.*

**CATARACT.**—Professor Berard presented to the meeting a crystalline lens of a stony consistency, which he had extracted under the following circumstances:—A lady, aged 35, was since her birth blind in the left eye, and, fifteen years ago, on examination, the blindness was found to depend on opacity of the lens. Towards the end of the month of June last, without any apparent cause, the patient experienced a sudden pain in the head, and, on looking into the eyes, the lens was seen in the anterior chamber; a violent ophthalmia having supervened, was treated without success by antiphlogistic measures and purgatives; the removal of the lens was accordingly resolved upon. The division of the cornea was performed with a great deal of pain, and the lens was extracted; a broad strip of adhesive plaster was placed over the superior eyelid, and the inflammation gradually subsided after the operation, although it was followed by excessive suffering. Vision has not been restored.

M. Robert had seen similar cases, and would have followed the plan indicated by Sanson, viz., dividing the cornea in its upper part.

M. Nélaton attributed the displacement of the lens to the great dilatation of the pupil; he had observed that in these cases the passage of the lens into the anterior chamber usually took place during the night.

**ANEURISM.**—M. Malgaigne related the case of a child who presented on one of the anterior branches of the temporal artery two

small aneurismal tumours of the size of large peas, which he at first intended to operate upon by M. Petrequin's method of galvano-puncture. But, being unable to procure a proper battery, he merely passed pins through the tumours, and threw over each a twisted suture, which he left for twelve days in situ ; at the end of that period the cure was complete.

**HYDATIC TUMOUR OF THE WOMB.**—M. Malaigne then laid on the table a uterus containing an enormous hydatic cyst. The following is the history of the case:—

E. S., aged twenty-seven, had always been a woman of delicate health. Almost every day she was affected with some sickness, and threw up bile and food ; at eighteen she was married, and first menstruated only at the age of nineteen. Her first pregnancy, which took place soon after, was not attended with any peculiar symptoms, and she gave birth to a child who lived nine months, and died from convulsions. Twenty months ago she again became pregnant, and the child lived but one month ; in both pregnancies the uterus was extremely distended, and the quantity of the amniotic fluid appeared unusually considerable. Since the month of May last the menses had not been observed, and, from the middle of June, the abdomen began to swell, and had attained at the end of July the size of an eight months' pregnancy. She was admitted into the hospital on the 24th of July, and complained of slight hemorrhage and continual vomiting ; she also suffered from cramps in the legs, headache, giddiness, and loss of appetite. Examination per vaginam showed the os-tincæ to be extremely high, but healthy. Eight ounces of blood were taken from the arm, and the patient declared herself much relieved, the uterine hemorrhage having stopped. During the night of July 26th, the discharge of blood re-appeared, and with such violence that in the space of a quarter of an hour the two mattresses and the bed-clothes were completely soaked through. Notwithstanding cold lotions, and the application of a plug, the hemorrhage returned, and the patient died in the morning.

Dissection showed that the distended uterus occupied the whole abdominal cavity, and the womb, removed from the body, shot forth through the os-tincæ a considerable amount of arterial blood. The transversal circumference of the viscus measured sixty centimetres (twenty-one inches), and the perpendicular circumference sixty-six (twenty-five inches). On opening the uterus it was found to contain, not a fœtus, but an immense number of transparent vesicular bodies of the size of peas, attached to each other in bunches ; no trace whatever of a placenta was detected. This mass did not adhere to the uterine walls ; and in the fundus was noticed a surface larger than the palm of the hand, and deprived of that polished appearance observable in the other parts. The thickness of the parietes of the womb was from four to six lines.

M. Gosselin had no doubt that it was a case of diseased placenta. The special tissue was not, it is true, present ; but similar instances

have been repeatedly met with in which the placenta is positively visible, enclosing the hydatids, the formation of which causes the embryo to disappear.

M. Monod regretted that no effort had been made to arrest the fatal hemorrhage. He was of opinion that compression of the aorta ought to have been tried.

**ALBUMINOUS NEPHRITIS IN PREGNANT WOMEN.**—This subject has been the object of the particular study of Dr. Cahen, late *interne* of the Parisian hospitals. The following is the result of his experience: In pregnant, but healthy, women the urine is never albuminous; it should be tested with the greatest care where the patient complains of unusual lumbar pains, &c., when the lower extremities or the face are the seat of any œdema. Pregnancy seems to favour the production of albuminuria; and this complication is a frequent cause of premature delivery, and of convulsions. Indeed Dr. Cahen asserts that he never met, in any case, with albuminous urine during pregnancy, without the discovery being followed by one or the other of the accidents above mentioned. After confinement the urine generally returns rapidly to a healthy condition; the anatomical alterations observed, after death from convulsions, all belong to those attributed to granular kidney. The best treatment consists in venesection.—*Lon. Med. Times.*

*Neuralgia of the Uterus arising from Dentition.* By R. DAVIS, Esq., M. R. C.S., London.—Mrs. S., of Shoreditch, a lady of full habit, and twenty-five years of age, was delivered of a male child on the 3rd of September, 1844. The labour was one of some difficulty, it being a breech presentation, and it was, after the expulsion of the child, attended with considerable hæmorrhage. It is curious here to observe, that out of the five children of which this lady has been delivered, four were breech presentations. There was adhesion of the placenta, which required the introduction of the hand into the womb to effect its removal. With the exception of some fainting, and a few after-pains, everything went on favourably until the sixth day after delivery, when she was attacked with pain of a severe character in the region of the uterus. There was no fever, no heat of skin, no derangement of the circulating or digestive systems, and no increase of pain upon pressing the abdomen. For the relief of this pain, opiates and other sedatives were freely administered, both in a solid and liquid form, without benefit. We may here observe, that although the pain was of a most severe character, it was intermittent in its attacks, and during the intermissions pain was referred to the face, but not considered of such consequence by the patient as to inform me of the circumstance. The pain of the abdomen continuing, and fearing that this irritation might terminate in inflammation, leeches, fomentations, mustard plasters, bran poultices, and blisters were applied freely, and a pill, consisting of one grain of opium, and two of calomel, was administered every three hours. The pain in the

face now became more severe, and the patient, supposing it to arise from toothache, surrounded the parts with flannel. This circumstance led to inquiries on my part, which ended in an examination of the mouth, when I found the posterior part of the gum enlarged, red, and swollen. The mystery was explained. One of the *dentes sapientiæ*, the cause of all the pain in the uterus, was coming up; the gum was freely lanced, and the pain in the uterus from that moment subsided. No more medicine was required or given.—*London Lancet.*

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*Ill results of operative measures in cases of Injuries to the Brain.* By SIR B. BRODIE.—There is only a small proportion of recoveries among a great number of deaths from these accidents (wounds of the brain.) I was once at the trouble of looking over all the cases of this kind which I could find recorded among my own manuscript notes, and in what might be regarded as standard books belonging to this part of surgery. I constructed a table, which represented, in every case, the kind of wound, the treatment employed by the surgeon as far as operations were concerned, and the results which followed: and it was curious to observe how large a proportion of the recoveries occurred in those cases in which the surgeon either avoided an operation altogether, or confined himself to the removal of some loose and detached pieces of bone. You may well suppose that a person who has a musket-ball lodged in the brain, is in a very serious condition; nevertheless, it appears that it is safer to allow it to remain than to endeavour to extract it.—*Sir B. Brodie's Lectures.*

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*Dislocation of the Astragalus and reduction.* By P. M. HOSKING, M. D., M.R.C.S., Sydney, New South Wales.—Accidents to the ankle-joint are of unfrequent occurrence, where no dislocation or fracture takes place; but having met with a case of dislocation of the astragalus very recently, which I reduced with perfect ease, and complete recovery to the patient; and being also aware of the difficulties presenting themselves generally in the different modes recommended and adopted by "authorities," I am induced to record this case in your far-read publication, especially as I perceive in the *Lancet*, for October, 1844, pp. 35, 70, a paper on dislocations of the astragalus, read before the Royal Medical and Chirurgical Society of London, and that in the case there cited in illustration much difficulty seems to have occurred, and fracture of the fibula took place at the time of the accident, with displacement of the tibia. This case is as follows:

C. B., a young man, aged twenty-six, jumped from a door down three or four steps, and fell to the ground. I was sent for immediately, and found him supported by some men. Upon examination, I found the left foot dislocated, and turned inwards and upwards, with a lump in the back of the foot, or instep, shining and glossy under the skin; the fibula and tibia were in situ, and no fracture existed. I had him removed up stairs on a bed, and then saw that the astragalus

had been thrown forwards out of its place upon the dorsum of the foot. I desired one of the men to hold him by the knee; and the patient being faint, I made extension at the same time that I pressed with my two thumbs upon the displaced bone, having the palms of both hands under the os calcis, which immediately slipped into its place, and perfectly restored the shape of the foot and ankle. I then put a roller tightly around it, ordered a cold lotion, desired him to keep quiet, and left him. Upon examination the next day, I found a slight wound of the skin, just over where the bone lay; I put splints slightly on it, and continued the lotion. On the fifth day, he was out, without my permission, on a crutch; on the seventh day, he complained of cold in the limb, which was still swollen. I removed the splints and calico roller, and applied a roller of flannel. There was no difficulty in the reduction, and the patient recovered without the occurrence of any bad symptoms.—*Lancet*.

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*Case of Enterotomy.* Reported by G. CONGER, M. D.—Jeremiah Brown, aged 26, a strong muscular man, of good habits, on the 21st of May last received a stab in the abdomen with a large butcher's knife. The knife entered the abdomen one and a half inches from the ant. sup. spinous process of the ileum, on the left side, in a line from that process to the umbilicus: cutting upward, or nearly upward, to the extent of three and a fourth inches.

I saw him one hour and a half after the injury was inflicted, and found him faint from loss of blood; pulse 90, feeble; a large mass of intestines protruding from the wound covered with coagulated blood, and the bed saturated from profuse hemorrhage. After washing away the coagula, I found the omentum divided in such a manner as to leave a strip four or five inches long, and varying in width from one and a half inches at the lower end, to half an inch at the upper part, where it hung from the main body of omentum. This strip, or portion, I divided with the scissors at its narrow point, and removed. On farther examination, I found the arch of the *colon* nearly severed at a point, as near as I could judge, of some eight or ten inches from the cæcum. As the knife entered with the edge upward, the point penetrated the colon at its lower edge or surface, where the peritoneum doubles upon itself after surrounding the bowels to form the mesentery, so that the mesentery escaped, while the intestine was completely severed, save a narrow strip where the mesentery unites with the intestine, of three eighths of an inch in width. I also found a wound in the colon six inches higher up, which was a longitudinal slit, or puncture in the gut, of an inch in length. There were other slight scratches on the protruded intestines and omentum.

On determining the amount of injury, I was at a loss as to what I should do. My first impression was that he must certainly die, and that if any thing could be done towards a cure, it would be by bringing down the upper part of the intestine, return the mass, and try to form an artificial anus. But on consulting a few minutes with my friend Dr. Cook, and an intelligent gentleman from Black Rock, and

laying before them the improbability of success in any operation we could perform, I finally determined to unite the intestine by suture and return it. After tying four small arteries that were bleeding from the wounded intestine, I brought the divided edges of the gut into as perfect apposition as possible, and fastened them by four interrupted sutures with common sewing silk, cutting off the ends of the ligatures close to the knots. Some feculent matter was discharged from the wound, but this, as well as all the hemorrhage, was external; in fact I do not believe a teaspoonful of blood was discharged into the cavity of the abdomen. Leaving the smaller wound of the colon, we returned the mass, and finished the operation by bringing the external wound together with three interrupted sutures, and adhesive strap, then applying a compress which we secured with a wide bandage. Gave him tr. opii. gt. 40, flexed the thighs upon the body, supported the legs with pillows under the knees, and left him for three or four hours.

I went to see him again at 5 o'clock, P. M., 8 hours after the injury; complained of severe pain in the region of the umbilicus; extremities rather cold; countenance anxious; pulse 92; soft and feeble. Has a desire to pass urine, but feels a total loss of power in the muscles of the abdomen, and can make no effort. Introduced the catheter and drew away twelve ounces. Gave, again, tr. opii. gt. xxv. Staid all night with him.

May 22d, 8 o'clock, A. M. Passed a restless night; pulse 98 and hard; abdomen tympanitic, and very tender to the touch; severe pain at the precordia; constant and distressing nausea. Drew off a pint of urine; took 16 oz. blood; pulse came down to 90, and became soft. Gave him tr. opii. gt. xx; directed him to take nothing but mucilaginous drinks. 7 o'clock, P. M. Tongue slightly furred; considerable thirst; had vomited a little, but nothing except his drink; tympanitis increasing; pulse hard; countenance flushed; skin hot and dry. Took 12 oz. blood, which produced fainting. Emptied the bladder, and gave, again, tr. opii. gt. xxv.

May 23d, 8 o'clock, A. M. Passed a more comfortable night; pain at intervals in the region of the wound; tongue dry and red; tympanitis, nausea, vomiting, and a tendency to hiccough; countenance anxious; pulse 98, small and wiry; a little flatus passed the bowels; external wound discharged a quantity of sanies. Continued tr. opii. gt. xx, with mucilages, and a little lemon juice, as a common drink. 6 o'clock, P. M. Had vomited several times; some hiccough; urine scanty. Treatment as before. Emptied the bladder three times a day.

May 24th, 8 o'clock, A. M. Countenance looks better; tongue red and a little shining; less pain and tympanitis; considerable flatus passed the bowels; pulse 90, full and hard. Took 10 oz. of blood; vomiting and hiccough ceased. Treatment as before. 7 o'clock, P. M. All the symptoms were favorable. Treatment the same.

May 25, 8 o'clock, A. M. Symptoms decidedly better; tongue moist; pulse 84. This being the fifth day since the accident and

there having been no movement of the bowels, I gave an enema, which, after being repeated, brought away hardened fæces, without pain. Ordered him the following R Ol. Ricini,  $\frac{3}{4}$  ii., Ol. Croton, gt. ii., mix and divide into three doses, one to be taken every four hours, unless the bowels should move. 7 o'clock, P. M. Bowels moved slightly about an hour before I arrived; small quantity of grumous blood in the passage; little pain attended the stool. Directed him to take sal. epsom,  $\frac{3}{4}$  ss., at bedtime.

May 26th, 11 o'clock, A. M. Had two rather scanty dejections in the morning, some griping; feels better; pulse 75; tympanitis and tenderness fast subsiding. Gave him boiled rice and milk diet.

May 27th, 12 o'clock, M. Passed a good night, free from pain; bowels moved without pain; stool natural. Passed urine without the catheter. Pulse down to 65. Directed animal broths, toast, &c.

May 28th, 12 o'clock, M. Feels well; some appetite; pulse 62. Sediment in urine; had a natural and free passage from the bowels. External wound looks pale and flabby; removed the sutures; and dressed it with spirits turpentine and adhesive strap.

May 29th, 12 o'clock, M. Same as yesterday; pulse 58; appetite good. Gave him stimulating and nourishing diet.

May 30th, 12 o'clock, M. Pulse up to 65 and all other symptoms improving.

May 31st, 12 o'clock, M. Pulse 68; continued to improve rapidly until the 5th inst., when I ceased my visits. I have occasionally seen him since, and he has been down to see me (a distance of five miles.)

I have been perhaps tedious in detailing the above, but as it is a case of rare occurrence, and one of much importance in a surgical point of view, I felt that a statement of the case was demanded. The result has also been so favourable, that I deem the circulation of it among my medical brethren, will tend to advance our science, and correct some erroneous opinions in regard to the union of *divided intestines*.

In connection with the case, I would make a few remarks on *Enterotomy* or *Enteroraphia*, and its results, as it has been practised in this country and in Europe.

Few cases of this kind have occurred to give us much experimental knowledge on the subject of uniting divided intestines, either by suture or otherwise, in the human species. It is said of Ramdohr that he cut away a portion of mortified intestine, and joined the two ends by slipping the upper into the lower one, fixing them with a suture, and the patient did well. This is doubted by modern surgeons, from experiments made upon animals, for they find the mucous and serous surfaces do not unite, and the animals invariably die.

Dr. Smith, of Philadelphia, tried three experiments upon dogs by dividing an intestine, uniting it again with *one stitch*, and bringing the ends of the ligature out of the external opening. They all died from extravasation of fæces and blood in the abdomen.

Mr. Travers tried the same experiment, but failed. He tried another and used three stitches in the bowel, but the dog died.

From these experiments, therefore, this gentleman was led to believe and maintain that the *absolute contact* of the everted surfaces of a divided intestine in their *entire circumference*, is requisite to secure the animal from danger of abdominal effusion.

In opposition to this doctrine are the experiments of Sir Astley Cooper, Dr. Thompson, of Edinburgh, and others, where the intestine of a dog was divided, and united, some with three, others with four and five interrupted sutures, and were successful; but they cut the ends of the ligature close to the knot, and closed the external opening, as first recommended by Benjamin Bell.

In the case I have narrated, I adopted the plan recommended by Sir Astley, Dr. Thompson, Mr. Bell and others, in opposition to that of Mr. Travers, and some modern surgeons, in the belief that the *fewer the stitches taken*, and the less done to irritate so sensitive and delicate a structure as the peritoneum (after securing a proper coaptation of the parts), the greater would be the chances of recovery. You will also see from the detail of the case, that there was no extravasation of fæces, or effusion of blood into the cavity of the abdomen. In this case my opinion is, that the wounded intestine united by the *first intention*, as there was no discharge of purulent matter in the evacuations. I watched the stools carefully until the tenth day, expecting to see the sutures come away with the dejections, but was not fortunate enough to find them. There being eight in all (four sutures and four ligatures to the bleeding arteries), I supposed I should find the knots as they loosened, fell into the canal and were carried off, but I was disappointed.—*Buffalo Med. Jour.*

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*Case of spontaneous rupture of the Uterus in the third or fourth month of pregnancy. Congenital absence of muscular wall of Uterus on one side, of Fallopian tube and ovary, and of the os Tincæ. Communicated in a letter to Prof. Hamilton, by ———, M. D.*

Aug. 7, 1846.

*Dear Sir:* I have recently made an autopsy which I think of sufficient interest to report to you.

Miss ———, æt. 17, was seized suddenly with pains resembling colic, accompanied with vomiting and faintness. A neighbor being called in prescribed as for colic, and the girl partially revived, but soon became faint again, and died.

*Autopsy, 24 hours after decease.*—Cavity of abdomen filled with coagulated blood, surrounding a fœtus of the third or fourth month. Uterus ruptured along its right side, from the fundus to near the neck. Left ovary and Fallopian tube entirely wanting. Right ovary and Fallopian tube were present, but the latter entered the uterus high to the neck, and the ovary was correspondingly lower than natural.

The uterus appeared to be developed to the size of the third or fourth month of gestation. The placenta was attached near the

fundus upon the left side. On the side of the uterus where the rupture occurred, the walls of the organ were extremely thin. At the time of rupture there seemed to be nothing but the peritoneum, and in the immediate neighborhood the friability was such, that it was readily torn by the fingers with slight force. On the left side the walls were of the usual thickness, but did not present the common fibrous appearance. On examination of the neck no aperture could be found, nor was there any trace of an *os tinæ*. The neck resembled a tendon in appearance, but of less density. There was no communication whatever between the cavity of the uterus and the vagina.

I have retained the parts, and will embrace some opportunity to submit them to your inspection. The case is certainly one of interest as connected with the inquiry how the spermatic secretion was transmitted so as to have effected fecundation. It would seem that it disproves incontestibly the necessity of the reception of this secretion into the uterine cavity, and from thence into the Fallopian tube; but the question remains, how *was* the necessary contact accomplished? I see no other method of explanation except by the old doctrine of absorption.

With much esteem, I remain yours,

DR. F. H. HAMILTON.

Buffalo, Sept. 6, 1846.

DR. FLINT,—Dr. ———, (for obvious reasons names are suppressed,) a few days since brought to me the ruptured uterus and fœtus described in his letter, and in his presence, with Dr. Mixer, I have examined the whole carefully.

The uterus is torn near the attachment of the right broad ligament—walls on this side excessively thinned, so much so in some places as to leave little else than peritoneum,—opposite side of uterus about  $\frac{1}{3}$  of an inch in thickness, and of usual consistence. Length of body of uterus, 3 inches—breadth  $2\frac{1}{2}$  inches; cervix uteri 2 inches long, firm and broad at base, but gradually and regularly tapering to a thin, flattened extremity, covered by a smooth mucous membrane. Upon a careful dissection of the cervix, longitudinally and transversely, no channel, or line, or cicatrix, indicating the previous existence of an *os tinæ* could be discovered. The structure is rather more dense than that of the uterus in its natural state, but its density is uniform—it is not scarred or corrugated, nor does it present any evidence of its being a result of disease. The mucous coat which covers it, lies free, and can be as easily removed as such membranes usually may be.

The right Fallopian tube terminates at about the middle of the right side of uterus—right ovarium is larger than natural, but apparently healthy. On the left side there is no broad ligament, nor Fallopian tube, nor ovarium, but the peritoneum covers it as smoothly as in front.

Dr. ——— adds to what has been said in his letter, that the girl was always healthy—had menstruated 3 years, or until the last 3 months, regularly.

The whole was laid before the Buffalo Medical Association for their examination, at its last meeting, (Sept. 2d.) and the records of the society certify substantially to the same as above.

Through the politeness of Dr. ———, the uterus, &c., is now the property of the Buffalo Medical College, and may at any time be seen by medical gentlemen.

F. H. HAMILTON.

*Ibid.*

*Immobility of the Lower Jaw.* By R. L. HOWARD, of Columbus, Ohio.—M. B. S., aged 9 years, on the 13th of May, 1846, was brought from Sunbury, Delaware co., O. for the purpose of consulting me respecting an immobility of his lower jaw. The history of the case is briefly as follows: Six years ago, when the boy was but three years old, he was attacked with some disease, for which the physician thought proper to administer calomel, which it is said he continued to exhibit for fourteen days in succession. The consequence was, a most violent ptyalism supervened, together with inflammation and sloughing of the inner portions of the cheeks, and exfoliation of the alveolar processes of many of the molar teeth.—During the process of cicatrization, strong inelastic bands formed on both sides, but much the most extensive on the left. These bands were attached to the jaws above and below, and bound them firmly together. The integuments on neither side had ever been attacked by gangrene.

As the boy, though quite spare and delicate, seemed perfectly healthy, I resolved to overcome this apparent ankylosis, by an operation. Accordingly, with the assistance of Prof. Judkins of Cincinnati, and Prof. Butterfield of Willoughby, I proceeded at once to the undertaking. Being seated in a common chair, with his head thrown back and held by an assistant, Dr. Judkins insinuated a thin pine wedge between his incisor teeth, for the purpose of putting the parts upon the stretch and separating the jaws, while I divided the connecting bands. I at first introduced my bistoury along the lower jaw, and with a few sawing motions separated the whole adventitious substance from it. Turning the instrument upwards, I divided the parts in the same manner from the upper jaw, both of which were now separated to the distance of half an inch. I now seized the apparently ligamentous cicatrix, which was attached alone to the inner surface of the cheek, and dissected it out entire. Turning my finger upon the right side, I found a band of less extent and firmness, which I freely divided by one or two incisions. I was not yet able to separate the jaws as widely as I desired. Passing my finger backward again on the left side, I found the anterior margin of the masseter muscle offered very firm resistance. I divided it from the jaw, as far as seemed to be necessary, when we were able to bring it down as far as we desired.

I now introduced a pine block something over an inch in thickness,

between the edges of the incisor teeth; and placed the little fellow in bed.

*May 20th.* The case has done well. The block has been kept between the teeth three-fourths of the time, and I have no doubt, if the parts are kept upon the stretch most of the time until they are perfectly healed, the operation will be entirely successful.

If the case proves successful, I shall attribute the success to two things. 1st. The entire removal of the cicatrix; and, 2d, to the permanent separation of the jaws until the parts were healed. Very many operations for the removal of this difficulty have, within my observations, proved unsuccessful, and I apprehend that they terminated thus unfortunately, from a neglect of the very procedures which I consider of so much importance.

*Tumour of the Orbit*—Mrs. Rebecca Pope, aged 40 years—of light complexion, spare habit, and the mother of several children.

This lady was brought from Fairfield Co., O., to Columbus, about one year ago, at the time when the Ohio State Medical Convention was in session, for the purpose of consulting some of its members concerning a large and nodulated tumour which completely filled the orbit of the left eye. The history of the case is nearly as follows: At the early age of 12 years, she noticed the sight of the left eye began to fail, and continued to do so until she was 17, when the sight was entirely lost, and the eye itself so prominent that her physicians supposed it to be a dropsical enlargement, for which they punctured the globe. Nothing escaped of consequence, but a violent inflammation supervened, which occasioned a collapse and atrophy of the organ. For about 20 years she experienced no particular inconvenience from it; but about two years previous to her visit to Columbus, she began to feel some uneasiness and pain, together with a decided increase of morbid growth in the socket. The symptoms became so alarming, that she now resolved to seek relief.

At that time she was visited and examined by Drs. Mussey and Judkins, of Cincinnati, and several of the older members of the Convention, who were unanimously of the opinion that the tumour was *probably* malignant, and that the only chance of relief would be found in an immediate extirpation.

The tumour itself completely filled the orbit, and projected considerably beyond the brow and malar prominence. It seemed firmly fixed in its position, and quite immovable. Upon its anterior surface, was imbedded the globe, flattened and diminished to one-eighth its natural size. The palpebræ were widely separated; and unable to cover the tumour.

In consultation, I agreed with all the other medical gentlemen, that the entire morbid growth should be removed with the knife, and advised her to submit to an operation which would afford a fair, or at least the *only* prospect of cure—to which she with but little delay consented.

With the assistance of my friends Drs. Schenck, Smith, Dennig

and Taylor, and in the presence of several medical students, I proceeded, on the 24th of May, 1845, to extirpate the eye and tumour. The patient was placed in an easy chair, with her head thrown back, and held by an assistant. The external commissure of the lids was divided backwards; the bistoury was then passed between the tumour and the walls of the orbit, nearly to the bottom of the socket, and carried carefully around it until it arrived at the place of entrance. A little dissection with the point of the instrument removed the entire contents of the orbit. The hæmorrhage was not profuse, and the patient bore her suffering with remarkable fortitude. The cavity was lightly filled with lint, suitable dressing applied, and the patient laid in bed. As the pain in the part was severe, one-third of a grain of morphine was administered, which soon afforded relief, when she expressed herself as exceedingly gratified that she had submitted to the operation.

*May 25th*, morning.—Rested but little during the night. Nausea and vomiting, pain in the head and general distress had all supervened to an alarming degree. Appropriate remedies were prescribed to allay the irritation of the stomach, and divert the tendency to cerebral disease, but to little purpose. During the afternoon, she exhibited symptoms of approaching delirium, and in the evening her mind was decidedly wandering. Prescribed 20 grs. calomel, in divided doses, sinapisms to the extremities, cold water to the head, and blister to the nape of the neck.

26th.—Calomel had operated freely—mind more calm and collected, but not perfectly rational. A general distress and restlessness pervaded the whole system. No arterial excitement or general reaction had yet taken place. Pulse varied from 90 to 120. During the day, symptoms of cerebral disturbance and organic disease increased. In the evening, at my request, my friends Drs. Parson and Smith saw her with me, in consultation. Similar measures were continued, with the addition of ammonia, and other diffusible stimulants.

27th.—She had no rest during the night; pulse diminished in force and frequency; mind more incoherent and comatose; secretions all scanty and vitiated. Wound examined, and found livid and flabby, and exhibiting no signs of reparation.

These symptoms and others, indicating approaching dissolution, increased, in spite of all treatment, until the 29th, the sixth day after the operation, the patient died, apparently, from inflammation of the brain. To my extreme regret, a post mortem examination could not be obtained.

On examination of the morbid growth, the disease was found to consist of a tumour the size of a small orange, which commenced in the centre of the optic nerve, between its exit from the foramen opticum, and its entrance into the globe of the eye.

As the tumour increased in size, the neuralema and nervous filaments yielded, and became so expanded over the whole periphery of the tumour, as to form a complete tunic. On dividing this covering, the morbid structure was easily separated from it. Its color was

nearly that of chocolate, and of the consistence of liver. Its organization was very imperfect, being easily broken down with the fingers and permeated in many parts by irregular sinuosities. Whether or not the idea is correct, it is impossible to determine, but I was impressed with the suggestion that this abnormal growth might have arisen from the organization of a small quantity of blood, which might have been extravasated in the substance of the nerve, occasioned by an early rupture of the *arteria centralis retina*.

This case is interesting in many respects; but particularly that the patient, after a complete and speedy removal of a tumour of the orbit, apparently in no way connected with the brain, should die so suddenly from inflammation of that organ. A post mortem examination would probably have revealed the fact that organic disease has already committed fatal ravages within the cranium.—*Proceedings of the Ohio Medical Convention.*

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*Suit for Mal-practice.*—Another case of prosecution for mal-practice has been reported in the Boston Medical Journal, in which (the parties residing in New York) the defendant was triumphantly acquitted. The case was a comminuted fracture of the femur near the condyles, in a man of bad constitution, aged 64.—The result was that the leg was shortened two, or two and a half inches. The defendant was sustained by the testimony of Drs. Parker, Reese, Post, Wood, Mott, and Cheesman. Some parts of the testimony of these men deserves to be recorded, as remarkable for its clearness and *truth*—"truth," we say, because there are not a few surgeons of less experience and reputation than either of the above surgeons, who never, if their assertions are to be believed, make shortened limbs; and who consequently are always prepared to bear testimony against their less fortunate neighbours.

Says Dr. Reese, "there could be no doubt that it was an oblique and comminuted fracture, which is always unfavourable *and renders a shortening of the limb inevitable.*

Says Dr. Post. "In *all* such cases a very considerable shortening of the limb takes place under the best treatment."

Dr. Cheesman "found the limb shorter than the other, as it uniformly is in such cases. *He never knew an exception.*"

Dr. Mott testified that "more or less shortening of the limb is the *result after fractured thigh, even in the most favourable circumstances.*"

Prof. Parker, thought "the patient was exceedingly well off to have recovered from such an accident with both his life and limb, and with no other disease than a shortened leg.—*Buffalo Med. Journ.*

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Dr. George Chandler has been appointed Superintendent of the Mass. State Lunatic Asylum, at Worcester, Dr. Woodward having resigned the office. Dr. C. was formerly superintendent of the Insane Asylum, at Concord, New Hampshire. A committee of the citizens of Worcester has been appointed to procure a marble bust of Dr. Woodward, to be placed in the hospital.—*Ib.*

*Case of Excision of the upper end of the Femur in an example of Morbus Coxarius.* By William Fergusson, Esq., Professor of Surgery in King's College, London.—John Clark, æt. 14, suffered for fifteen months from hip disease, and in February, 1845, was in the last stage of hectic. The head of the femur was displaced on the dorsum ilii, and could be felt by the finger passed into a large sinus connected with the disease. The limb on the affected side was between four and five inches shorter than the other, and much distorted by flexion at the knee and hip. There was no indication of disease of the bones of the pelvis, and the head of the femur seemed the principal cause of suffering.

On the 1st of March, 1845, the author made a longitudinal incision on the hip over the head and neck of the bone, and those parts, with a portion of the shaft, including the trochanters, were removed, the bone being cut across with a common saw. The patient bore the operation well; the previous bad symptoms soon disappeared, and in two months he was able to move about the wards of the hospital on crutches, the wound being nearly closed.

The paper concludes with a short historical sketch of the operation, whereby it is shown that this is the second instance in which it has been successfully performed in this country, having been first proposed by Mr. Charles White, of Manchester, in 1770, and first performed by Mr. Anthony White, of the Westminster Hospital, in 1818.—*London Med. Times.*

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*Case of Strangulated Hernia reduced en masse, with Observations.* By Robert Wade, Esq., Senior Surgeon to the Westminster General Dispensary.—The patient, a man in his seventy-fifth year, who had been afflicted with inguinal hernia on both sides for nearly thirty years, was seized with the usual symptoms of strangulation. On examination no appearance of hernia could be detected. Purgatives and enemata failed in procuring evacuations. The circumstance of a slight darting pain having been experienced by the patient in the right inguinal region, on getting out of bed on the day that he was taken ill, and that on coughing the hernia descended on the left side, and could not be made to protrude on the right, led to the conclusion, that the right hernia, with its investing sac, had been reduced *en masse* by the patient, and that the obstruction existed in the neck of the sac on that side. The author accordingly operated on the right side, in the evening of the second day. The inguinal canal having been freely laid open by a division of the tendon of the external oblique muscle, the sac, which was much thickened and closely embraced the intestine, was opened. It contained a small knuckle of congested intestine. A membranous band, distant as far as the finger could reach, was divided, and the strangulated intestine was then reduced. The patient afterwards recovered.—*Ibid.*